Case No.

In re. Investigation of election irregularities affecting Congressional District 9

Exhibit

4.2.3.2.2

Description: Absentee ballot request forms from Robeson County for the 2018 election cycle (primary and general), as maintained in the Statewide Elections Information Management System (SEIMS).

NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Exhibit 4.2.3.2.2

Not Timely of 2821

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** May 8, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Robertson	Paulette	Lorraye	

Home Address (NC Residential Address.)	City	State	Zip Code
2131 Fire Tower Rd	Orrum	NC.	28369

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 275	Proctorville	NC.	28375

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

County of Residence: Robeson

Previous Name (if applicable)

[redacted] Registration No.

Phone (optional)

Email (optional)

RECEIVED
MAY 03 2018
STATE BOARD OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 275	Proctorville	NC.	28375

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

4-30-2018
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Robertson	Clarence	Donald	

Home Address (NC Residential Address.)	City	State	Zip Code
2131 Fire Tower Road	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 275	Proctorville	NC	28375

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable)

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MAY 03 2018
STATE BOARD OF ELECTIONS

[redacted] er Registration No.

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 275	Proctorville	NC	28375

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

4-30-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

ov to check your voter registration or absentee voting status.

V2

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Robertson	Ekasa		

Home Address (NC Residential Address.)	City	State	Zip Code
2131 Fire Tower Road	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 6	Proctorville	NC	28375

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Address (if applicable)
Robeson	

[redacted] Registration No.

Phone (optional)	Email (optional)

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MAY 03 2018
STATE BOARD OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 6	Proctorville	NC	28375

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Paulette Laronya Robertson (First, Middle, Last)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
P.O. Box 175				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Proctorville	NC	28375	910-733-0175	LMclynn@aol.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X Paulette L Robertson 4-30-18
Date

E.gov to check your voter registration or absentee voting status.

Not Timely

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Robertson	Herbert	Hoover	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2131 Fire Tower Road	P.O. Box 6

City	State	Zip Code	City	State	Zip Code
Orrum	N.C.	28369	Proctorville	NC.	28375

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

er Registration No.	Phone (optional)	Email (optional)

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MAY 03 2018
STATE BOARD OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 6	Proctorville	NC.	28375

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Sig

-30-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

V2013

to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on November 6 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
ADAMS	LUECIAL		

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 719	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
Box 9475 Hwy 130	Maxton	N.C.	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 719	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X
Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	Juwan		

Home Address (NC Residential Address.)	City	State	Zip Code
208 Liberia st	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Anderson	Aaron	Michael		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
113 Denis Drive	

City	State	Zip Code	City	State	Zip Code
Laurinburg, NC	NC	28352			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Requested Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/10/18 X	
Date	Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Avery	Destiny	Noel	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
55 Walking Drive	

City	State	Zip Code	City	State	Zip Code
Shannon	NC	28386			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Oregon		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter

8-24-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bailey	James		

Home Address (NC Residential Address.): 188 Smokey Road
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (optional)
Phone (optional): 910-733-3428
Email (optional)

[redacted]

Absentee [redacted]rmation

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/7/18 (Date) X (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
BAKER	ELLA	J	

Home Address (NC Residential Address.)	City	State	Zip Code
264 East McCormick St	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 196	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	422-8267	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8-29-18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BAKER	GENEVA	MAE	Ms

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2927 ALFORDSVILLE RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
ROWLAND	NC	28383			
Have you lived at this address for more than 30 days? ☑ Yes ☐ No			**County of Residence** Robeson	**Previous Name** (If applicable)	
			Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2927 Alfordsville Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable)

10-3-18 X
Date

Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Baker	Mary	Ann	

Home Address (NC Residential Address.): 517 Quail Run Rd.

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted] ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as ~~*Unaffiliated*~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 (Date) X _____ (Date)

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Baker	Bayquan		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
517 Quail Run Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

[redacted] ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 (Date) X _____ (Date)

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Baker	Robert	LEE	[redacted]

Home Address (NC Residential Address.): 204 East McCormick St.

City	State	Zip Code
Rowland	N.C	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.): P.O. Box 196

City	State	Zip Code
Rowland	N.C.	28383

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-29-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

[redacted] REQUEST FORM

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Banks	Asia	Rochelle	

Home Address (NC Residential Address.): One University Dr. Pine

City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (if different than home address.): P.O. Box 5354

City: Pembroke | State: | Zip Code:

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-2-18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Barnes	Itema	Imani	

Home Address (NC Residential Address)	City	State	Zip Code
408 West Railroad St	Pembroke	NC	28372

Mailing Address (if different than home address)	City	State	Zip Code
408 West Railroad St	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
[illegible]	

Voter Registration No.	Phone (optional)	Email (optional)
(optional)	910 803 9516	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (If applicable)

[redacted] 9/7/2018 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Barnes	Michael	Nelson		

Home Address (NC Residential Address.)	City	State	Zip Code
2631 Bailey Road	Fairmont	N.C.	28340

Mailing Address (If different than home address.)	City	State	Zip Code
	Fairmont	N.C.	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Ordone	910 628-7037	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

8-15-18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bell	Linda		

Home Address (NC Residential Address.): 400 North MLK Drive Apt. 405

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X _____ (Date)

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su[redacted]
[redacted] Bell	Linda	A	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
400 MLK Drive Apt. 405			Same		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	2858			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/17/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bethea	Linda	Sue	

Home Address (NC Residential Address)			Mailing Address (If different than home address.)		
400 MLK Dr. Apt G-6					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence	Previous Name (If applicable)

oter Registration No.	Phone (optional)	Email (optional)
(Optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-6-2018 Date X Linda Bethea Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BETHEA	MARY		

Home Address (NC Residential Address): 100 Pinehurst Ave

City: FAIRMONT State: NC Zip Code: 28340

Mailing Address (if different than home address.)

City | State | Zip Code

[redacted]

[redacted] address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone: 910-344-8476 | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

8/4/18 (Date) X _____ (Date)

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Coon Bledsole	James	R	

Home Address (NC Residential Address.)	City	State	Zip Code
118 Sugg Rd	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-6-18 (Date) X _____ (Date)

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Bowers	Dubois	Wellington	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
140 Johnson St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

[redacted]

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Boyles	Abigail	Glynn	

Home Address (NC Residential Address.)	City	State	Zip Code
420 Olde Shannon Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
506309	910-224-3[illegible]23	ag67218@uncw.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
420 Olde Shannon Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
	STATE BOARD OF ELECTIONS

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-8-18 X
Date Date

[redacted]E.gov to check your voter registration or absentee voting status.

Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Brigman	Cathay	Marie	

Home Address (NC Residential Address.)	City	State	Zip Code
114 Shekah Hts Dr	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-10-18X
Date

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Brinson	Kai	Bernard	

Home Address (NC Residential Address): 2257 Shelby Dr
City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

06/3/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bristow	Lakrisha		

Home Address (NC Residential Address): 107 Martin Luther King Jr.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-706-7216
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 9/5/18 (Date) X (Signature of Near Relative/Guardian (if applicable)) (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Phillips~~ Britt Davis	JEAN		

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
315 W. 20th St.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			
Have you lived at this address for more than 30 days? ☐ Yes ☐ No			**County of Residence**	**Previous Name** (if applicable)	
			Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/10/18 X
Date Date

[redacted]

v.NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
James R Brown	Randy		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
314 Winkeson Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (If applicable)
[redacted]		

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date 10/17/18 X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Brooks	Timmy		

Home Address (NC Residential Address.): 2481 Hwy 904
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No.
Phone (optional): 910-736-0920 TB
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X (Date)

...NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address 800 N. Walnut Street Lumberton, NC 28358
Mailing Address PO Box 2159 Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bryant	Dalexy	Krissha	

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
138 turtle dr	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-824-9146	dbryant403@yahoo

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/24/18 Date X Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bryant	Daryus		

Home Address (NC Residential Address.): 1 University Drive
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence
Previous Name (if applicable)

Voter Registration No. Phone (optional) Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/31/18 X
Date Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 6-NOV-2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRYANT	EUNICE	L	

Home Address (NC Residential Address.)	City	State	Zip Code
4897 RED HILL RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
NONE			

County of Residence	Previous Name (If applicable)
ROBESON	NONE

Voter Registration No.	Phone (optional)	Email (optional)
Optional	—	—

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE	SAME	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: ND
(First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
—	—

City	State	Zip Code	Requestor's Phone	Requestor's Email
—			—	—

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
SAME AS ABOVE	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

REVERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard Chavis	Daphia	Carol	

Home Address (NC Residential Address.): 2975 Modest Rd
City: Maxton State: NC Zip Code: 28364
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ 9-7-2018 X _____ /
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard	John	Charles	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
8320 Alpaca	

City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384	St Pauls	NC	28384

[redacted] for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

[redacted] voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bullard	Patrick			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
13149 Hwy 130 E	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-774-0498	

	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	7-20	X	

.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BURNETT	TONY	DEMON	

Home Address (NC Residential Address.)	City	State	Zip Code
3545 ATKINSON Rd	ORRUM	NC	28369

Mailing Address (if different than home address.)	City	State	Zip Code
3545 ATKINSON Rd	ORRUM	NC	28369

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

[redacted] 9-4-18 X _____
Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bustamanta	Latasha	Toni	

Home Address (NC Residential Address)
936 Roberts Ave

Mailing Address (if different than home address.)

City	State	Zip Code
	NC	28372

City	State	Zip Code
Pembroke		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/10/2018 X

Date Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Cain	James	Currie	

Home Address (NC Residential Address.)	City	State	Zip Code
24 Berdeau Lane	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 101	St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 101	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/19/18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Callahan	Mary	Lee		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1949 Mount Zion Church Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Previous Mailing Address (if different than home address.)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 9-7-18

Signature of Near Relative/Guardian (if applicable) X _____ Date _____

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Campbell	Leroy	William	[redacted]

Home Address (NC Residential Address.): 7135 NC Hwy 72W

City: Lumberton | State: NC | Zip Code: 28360

Mailing Address (if different than home address.)

City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: __/__/__

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-13-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Canady	Connie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
10415 US HWY 301 N	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [First] [Middle] [Last] [Suffix]

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/2/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CANADY	WENDY	L	

Home Address (NC Residential Address)	City	State	Zip Code
60 CYNDELL DR	LUMBERTON	NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code
2205	LUMBERTON	NC	28360

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	9[redacted]	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-6-18 (Date) X _____ (Date)

[redacted]

v.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Carmichael	Co Tina	Louise	

Home Address (NC Residential Address.)	City	State	Zip Code
64 Crescent	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Rob	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-2018 X _____

Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
Carter	Dietra	R nnee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1039 Brisson Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1039 Brisson Rd	Saint Pauls	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

...from www.NCSBE.gov if any of the pre-printed information above is incorrect.
...BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Charis	August	Cierra	ms

Home Address (NC Residential Address.): 12494 NC Hwy 211

Mailing Address (if different than home address.):

City	State	Zip Code
Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X Jeni Charis 9/10/18 Date

NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Brenda	F	

Home Address (NC Residential Address): 413 Fodsville rd.

Mailing Address (If different than home address.):

City	State	Zip Code
Shannon	NC	28386

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence:

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-843-1748

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

9-4-2018 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Chavis	Kaila	Brooke		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
59 Burnette Dr.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
POB 3106	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/4/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Chavis	Linda	Lee		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
P.O Box 392	

City	State	Zip Code	City	State	Zip Code
~~PO Box 392~~ Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

[redacted]

9-30-18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

SBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Chavis	Merlinda	R	

Home Address (NC Residential Address.)	City	State	Zip Code
400 N MLK Dr, Apt. 419	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date Date

...check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

State Absentee Ballot Request Form

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Sheryl		F

Home Address (NC Residential Address.)	City	State	Zip Code
Pembroke	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
515 Jones St	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	Same

Voter Registration No.	Phone (optional)	Email (optional)
910	2757601	

[redacted]

Absentee Mailing Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle(s)) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-9-N Date

X _____

10-9-N Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis Douglas	Kelcey	T	

Home Address (NC Residential Address.)	City	State	Zip Code
424 Chavis Road	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/23/2018 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Chestnut	Kaylan	Jaquan	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
UNCP Cypress 111a			PO Box 308162		
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Greenville	NC	27833

[redacted] ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Pitt		
Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	252-347-6216	Kchestnut98@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State / Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/2/18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Terry		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
722 Pleasant Hope	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8/30/18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Conele	Felicia	Monique

Home Address (NC Residential Address.)	City	State	Zip Code
126 Johnson Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
126 Johnson Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 6, 18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAYWOOD	CONNELL		

Home Address (NC Residential Address.)	City	State	Zip Code
6695 E. GREAT MARSH CHURCH RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6695 East Greatmarsh church Road	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

10-8-2019 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cox	Bobbie	Machelle	

Home Address (NC Residential Address): 905 Raspberry Rd 1/2 Cypress University

City: Pembroke State: NC Zip Code: 28372

Mailing Address (if different than home address.): 905 Raspberry Rd

City: Pembroke State: NC Zip Code: 28391

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-3-16 (Date) X (Date)

...w.NCSBE.gov to check your voter registration or absentee voting status.

Request

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Craig	Christopher	Brett	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5898 Regan Church Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

13 Oct 19 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Cranford	Samantha	Nicole	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
1 University Drive					
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/3/18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28321

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on 5-8-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Cruz	Yanet		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
451 Mc Bridge Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
451 Mc Bridge Road	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-10-18 (Date) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Cummings	Tammy	S	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
517 Quail Run Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18 (Date) X (Signature of Near Relative/Guardian (if applicable)) (Date)

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Cunningham	Dateq	Ontae		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
55 Walking Dr	

City	State	Zip Code	City	State
Rennert	NC	28388		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Oregon		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-24-18	X	

E.gov to check your voter registration or absentee voting status.

[illegible] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cureton	Korey	Jamal	Mr.

Home Address (NC Residential Address.)	City	State	Zip Code
1129 Eagle Rd	Greensboro	NC	27407

[redacted] ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 Pembroke Pointe Lane Apt. 105 2E	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/3/18 (Date) X (Date)

[redacted] www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
CURRIN	JOSEPH	EUGENE	

Home Address (NC Residential Address.)	City	State	Zip Code
1102 S AUSTIN ST	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000449321	910-874-3267	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1102 S Austin ST	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/23/18 Date — X — Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Cutsail	Starr	Rae	

Home Address (NC Residential Address.)	City	State	Zip Code
715-B Roberts Rd	Pembroke	NC	28372

Mailing Address (if different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ 9/5/2018 X _____
Date Date

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Daniels	John	A	

Home Address (NC Residential Address.): ~~6001~~ 604 Danbury Dr.
City: Saint Pauls | State: N.C | Zip Code: 28384
Mailing Address (If different than home address.)
City | State | Zip Code
Have you lived at this address for more than 30 days? ☑ Yes ☐ No
County of Residence | Previous Name (if applicable)
Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) | Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-10-18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dase	Glenn	E	

Home Address (NC Residential Address): 4375 Blanchard Rd

City	State	Zip Code
Saint Paul	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/14/2016 X _____
Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* on _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	Brenda	L	

Home Address (NC Residential Address.): 181 Haggens Rd

Mailing Address (if different than home address.)

City	State	Zip Code
St. Pauls	NC	28384

[redacted] ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 181 Haggens Rd | City: St Paul | State: NC | Zip Code: 28384

If voter is registered ~~as Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9-10-19 Date | X _____ Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	James	T	

Home Address (NC Residential Address.): 181 Hagens Rd

Mailing Address (If different than home address.)

City	State	Zip Code
St Paul	NC	28384

City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (If applicable)

Voter Registration No. (Optional) | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 181 Hagens Rd

City: St Paul **State**: NC **Zip Code**: 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 Date X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Demery	James	Aaron	M

Home Address (NC Residential Address.)

Mailing Address (if different than home address.) 139 Gainys Dr.

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (if known) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9/2/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Denning	Rochelle	Vedrinna		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3787 NC Hwy 130 E.	

City	State	Zip Code	City	State
Rowland	NC	28383		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Mailing Address (Where should the ballot be mailed?)

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Voter (voter only)

9-5-18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Oimmig	Courtney	Katherine		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
115 Pembroke Pointe Lane	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: 08/1/2018

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)	
7/14/3/18 X	
Date	Date

[redacted]

v to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
DINNALL	BONNIE	DENISA	

Home Address (NC Residential Address.)	City	State	Zip Code
400 N. ML. KING JR DR., # APT.321	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 316 1926	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
369 1506 same address	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

[redacted] Absentee Ballot Request Form

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dixon	Brandon	M	

[redacted]

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
490 Prospect Rd					
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(609) 281-5764	bd0012@bravema.1.unop.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/07/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Dunlap	KaDacia		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
490 Prospect Rd	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]		

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/2018 X _____ _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Eddings	Joshua		

Home Address (NC Residential Address.): 888 Marritta 2d.

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X _____ Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Edge	Cassondra	Hope	

Home Address (NC Residential Address.)	City	State	Zip Code
408 W Railroad Street	Pembroke	NC	28372

Mailing Address (if different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9/7/18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Faison	Eddie	Lee	[redacted]

Home Address (NC Residential Address.): 3625 Hwy 211 West Lot 25

Mailing Address (If different than home address.): Same

City	State	Zip Code
Lumberton	NC	28360

City	State	Zip Code
Same		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Feliciano	Armando		JR

Home Address (NC Residential Address.)	City	State	Zip Code
676 Amberdale West Circle	lumberton	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/30/16 X _____
Date Date

[redacted]

E.gov to check your voter registration or absentee voting status.

[illegible] Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Fisher~~ Fisher	Ian	H	If

Home Address (NC Residential Address.)	City	State	Zip Code
1 University drive, Pembroke, NC 28372	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
1 University drive, Pembroke NC 2 Box #5554	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	10144B275	[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/3/18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-06-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	William	Shardez	

Home Address (NC Residential Address.)	City	State	Zip Code
1909 Lambeth St	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 7546	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 364-1049	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-6-18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Foy	Rutherleen			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
507 Phillip St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Oregone		

Absentee Mailing Address (where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9.4.2018 Date	X [signature] 9.4.2018 Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Freeman	Cody	J.	

Home Address (NC Residential Address): 306 McGoogan St.
City: Red Springs State: NC Zip Code: 28377
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

10/24/2018 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Freeman	Lexus	Ann	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
406 Mc Googan St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			
Have you lived at this address for more than 30 days? ☒ Yes ☐ No			**County of Residence**	**Previous Name** (if applicable)	
			Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/24/2018 X _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Freeman	Sara		

Home Address (NC Residential Address.)	City	State	Zip Code
3399 Wiregrass Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional): [redacted]

Phone (optional): 910-736-7824

Email (optional)

[redacted]

Absentee Mailing Address (where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

08-24-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Giles	Jessica	Lisa	

Home Address (NC Residential Address.)	City	State	Zip Code
707 Roberts ave apt B	Pembroke,	NC	28372

[redacted]

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at your address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
U.S	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-6-18 (Date) X _____ (Date)

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE N.C. GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Gilmore	Santerrika	Antonette Eliza Ann	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
321 Wiggins Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
321 Wiggins Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 *(Date)* X _____ *(Date)*

llot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Grady	Kristin	A	

Home Address (NC Residential Address.) 437B Pine Universaty Dr,

City	State	Zip Code
Pembroke	NC	28372

Mailing Address (If different than home address.) 3733 Morris farm Dr

City	State	Zip Code
Greensboro	NC	27409

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/3/18 X _____
Date Date

[redacted]

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Green	Devin	D	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
110 Thompson St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): same

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Sig[redacted]

8-17-18
Date

Signature of Near Relative/ Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Guill	Jason	Scott	Jr

Home Address (NC Residential Address.)	City	State	Zip Code
101 Pembroke Pointe Ln, NC 28372	Pembroke	NC	28372

Mailing Address (if different than home address.) ~~X~~

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Original		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/3/18 X _____
Date Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
Gyant	Napolcon		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
304 West Scotland Street	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (optional)	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
304 West Scotland Street	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Teresa Bethea

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☒ legal guardian

Requestor's Address	City	State	Zip Code
308 West Scotland Street	Maxton	NC	28364

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/26/18 X 10-25-18
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hammerick	Abele			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
530 Harris Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9-10-18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMonds	Carolyn		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
73 Delaware	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-7-18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hammonds	Conley	Ogene	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5058 Union School Rd	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5058 Union School Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)

X

Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-06-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	RANDY		

Home Address (NC Residential Address.)	City	State	Zip Code
5223 W. MCDUFFIE CROSSING RD.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.) — City / State / Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 5223 W McDuffie Crossing Rd | City: Lumberton | State: NC | Zip Code: 28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address — **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) — 10/9/2018 *Date*

Signature of Near Relative/Guardian (if applicable) — X — *Date*

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State of NC Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Harley	Kendale	Duan	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4042 alamac Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robenson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-316-1714

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-23-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Harrison	Faith	Elizabeth	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1 University Dr.			P.O. Box 5508		
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law	
Requestor's Address	Name of Corporation (if appointed legal guardian)	
City / State / Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-2-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 06-2018. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Harvell	Wade	Hampton	

Home Address (NC Residential Address)	City	State	Zip Code
44 Applewood	St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Original	NA	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-6-18 Date X Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Harvey	Carolyn		

Home Address (NC Residential Address.)	City	State	Zip Code
2865 South Duffie Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/4/18 X

Signature of Near Relative/Guardian (if applicable)

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Harvey	Cecil		

Home Address (NC Residential Address.): 2865 South Duffie Rd

Mailing Address (If different than home address.):

City	State	Zip Code
RedSprings	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Cindone		

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/6/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Maywood	Michelle		

Home Address (NC Residential Address.)	City	State	Zip Code
Alamac Drive	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 2453	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Rob. Co	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/2/2018 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
HEPPLE	Joseph	Allen	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
514 E 9th St	

City	State	Zip Code	City	State	Zip Code
Lumb	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 416 1003	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/21/20 *(Date)*

Signature of Near Relative/Guardian (if applicable)

X _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hill	Raslyn	A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3365 West 5th St	Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/3/2018 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6, 18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Howard	Danny	Malik	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
437 Hendrix Drive	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 Hendrix Drive	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 (Date) X _____ _____ (Date)

BE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6th *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Briana	Kristina	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
296 Fenwood Circle	[redacted]

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360	Same		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 Date X _____ Date

...BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Nancy	C	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2222 Robert Bessic Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18 *(Date)*

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Taylor	Cheyenne	

Home Address (NC Residential Address.): 83898 Spermont Hwy 130 East
City: [redacted] State: [redacted] Zip Code: 28340

Mailing Address (if different than home address.)
City | State | Zip Code

[redacted] lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9-6-18 Date X _____ Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jackson	Destiny	T	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
302 S Austin St Apt A3	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
	Maxton	N.C	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-24-18 Date

Signature of Near Relative/Guardian (if applicable)

X Destiny Jackson

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Jacobs	Angela	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
APT 9B Robinwood Dr	[redacted]

City	State	Zip Code	City	State	Zip Code
Red Springs	N.C	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
APT 9B Robinwood Dr			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 3 18 X

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

[redacted]

Voter Information

Last Name*	First Name*	Middle Name	Suffix
Jacobs	Hunter		

Home Address (No Residential Address)*	City*	State*	Zip Code*
1911 Archie NC Gougan Rd	Red Springs	NC	28377

Mailing Address (if different than home address.): same

City	State	Zip Code

Have you lived at your address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence*	Previous Name (if applicable)
Hoke	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/4/18 X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jefcoat	Jamel	Leonard	

Home Address (NC Residential Address.)	City	State	Zip Code
101 Pembroke Pointe Ln 107-20	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

	Date		Date
	10-3-18	X	

.NCSBE.gov to check your voter registration or absentee voting status.

NC Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Jeffries	Marian		

Home Address (NC Residential Address): 101 Pembroke pointe lane

City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (If different than home address.)

City | State | Zip Code

[redacted]

If voter is at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (If applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 101 pembroke pointe lane | City: Pembroke | State: NC | Zip Code: 28312

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date | X | Oct 3RD (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jenkins	William		

Home Address (NC Residential Address.): 770 Atkinson Mill Rd.
City: Fairmont State: NC Zip Code: 28340

Mailing Address (If different than home address.)
City: State: Zip Code:

Have you lived at this address for more than 30 days? ☑ Yes ☐ No
If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No.: Unsure
Phone (optional): 910-775-3155 WET
Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)
City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City: State: Zip Code:
Requestor's Phone:
Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 7-5-18 Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	ANTRON		

Home Address (NC Residential Address.): 401 Cottage Street

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

[redacted] ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional): 910-535-4016

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-4-18 (Date) X _____ Date

w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	KATHY	ROBERTS	

Home Address (NC Residential Address.)	City	State	Zip Code
1185 N. ROBERTS AVE., APT. B3	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
obeson	

ter Registration No.	Phone (optional)	Email (optional)
Optional	910 301-0680	kathy locklear 892@ gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Mary	L.	

Home Address (NC Residential Address.): 10634 Barker Mew Mile Rd

City	State	Zip Code
St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-6-18 X

Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Kesler	JaMorris	Tyrone	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
512 Happy Hill Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
512 Happy Hill Rd	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-736-8761	jmorrisk1998@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

09-06-2018 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
King	Monica	C	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
805 E 11th ST					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/09/18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
LANGSTON	EDITH	BRITT	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
311 N VANCE ST # B	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000469367		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV-2-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LEAK	GEORGE	WILLIAM	JR

Home Address (NC Residential Address.)	City	State	Zip Code
520 LARK AVE.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
520 LARK AVE.	LUMBERTON	N.C	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	ROBESON

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
529 LARK AVE	LUMBERTON	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
N/A	

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X [signature] 9/11/18 Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbce@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lee Han	Josiah	Dominic	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
112 Village University Dr			5027 P.O. box		
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional	910-673-7145	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle(s)) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter 10-2-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Legette	Mae	F	

Home Address (NC Residential Address.)	City	State	Zip Code
398 w 22nd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ 9/10/18 X _____
Date Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Hunt~~ Lewis	Jo		

Home Address (NC Residential Address): 1777 Marion Stage Rd.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-628-8276
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-10-18 X
Date Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 06 - 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lewis	Rodrick	Rory	

Home Address (NC Residential Address.): 9463 Roby rd

Mailing Address (If different than home address.):

City	State	Zip Code
Fayetteville	NC	28311

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence: Cumberland

Previous Name (if applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Zilly	Willie	Sr.		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1148 Davis Bridge Rd.	Pembroke	NC	28371

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 8-22-18

Signature of Near Relative/Guardian (if applicable) X _____ Date _____

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
LOCKLEAR	CHELSEA	ROSE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3349 W CARTHAGE RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000511911		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

State of North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockley	Ernest		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
60 Windell					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	N.C	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[illegible]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-6-2018 X _____

Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockleae	James		

Home Address (NC Residential Address.): 100 Dexter Drive
City: Fairmont State: NC Zip Code: 28340
[redacted] Yes No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. [redacted]
Phone (optional): 910-316-3282
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/16/18 (Date) X (Date)

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lachlear	Kendall	Ryan	

Home Address (NC Residential Address.): 25 Rufus Rd.
City: Pembroke State: NC Zip Code: 28372
[redacted] Yes ☐ No

Mailing Address (If different than home address.)
City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

95-18 (Date) X _____ (Date)

ww.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Fochler	Lloyd	Dale	

Home Address (NC Residential Address.)	City	State	Zip Code
1214-Golden Pond Apt. 304	Maxton N.C.	N.C.	28364

Mailing Address (If different than home address.)	City	State	Zip Code
1214-Gold Pond Apt. 3	Maton NC.	N.C.	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-544-8447	—

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8-22-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
LOCKLEAR	RODERICK	GLENN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
306 E WARDELL DR	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 1171	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
00000448842		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
LOCKLEAR	RODERICK	GLENN	JR

Home Address (NC Residential Address.)	City	State	Zip Code
306 E WARDELL DR	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 1171	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000448841		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Ronald	Gene	

Home Address (NC Residential Address.): 1733 Melinda Road

Mailing Address (if different than home address.):

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 Ronald Gene Lockleor 9-7-18
Date

[redacted] your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
LOCKLEAR	RUTH	L	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
306 E WARDELL DR	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 1171	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000448845		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockhear	Stevie	Ray	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Pembroke Po. 3568 Moss neck	NC	3225			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	753-6531	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/27/18 Date

Signature of Near Relative/Guardian (if applicable) X ___ Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Sylvia	Jane	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
614 Lumbee Street Apt B	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-542-1071	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/6/18 (Date) X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Tammy	Hunt	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
X	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/27/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	TRINA	KAY	

Home Address (NC Residential Address.)	City	State	Zip Code
1837 HEZEKIAH RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1837 Hezekiah Rd | **City:** Maxton | **State:** NC | **Zip Code:** 28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email

Name of Corporation (If appointed legal guardian)

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 10/13/18

Signature of Near Relative/Guardian (if applicable) X Emma Lee Locklear Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
lowery	Dana	L	

Home Address (NC Residential Address): 413 Ball Park Rd
City: Lumberton State: NC Zip Code: 28358

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/16/16 X _____
Date Date

www.NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6th *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Maynor	Christine	Diane	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
316 Rose Rd.			Same		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/20/18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McBride	Raymond		

Home Address (NC Residential Address): 200 Morro Drive Apt 64

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-736-7496

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Date

[redacted].NCSBE.gov to check your v[redacted]

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
MC Bryde	Jermaine		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
103 Maness Street					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___	Robeson	

[redacted]	Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 5, 18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
McCallum	Eloise		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2830 Alfordsville Rd	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2830 Alfordsville Rd	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Mary (First) Brenda (Middle) Ford (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
235 Tee Dee Rd.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Maxton, NC	N.C	28364	910-258-4283	

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-23-18 Date — X Mary Brenda Ford — 10-23-18 Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McDougald	Willie	Pearl		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
107 E Brown St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-843-8115

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code
Red Springs	N.C	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Willie (First) Pearl (Middle) McDougald (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian SELF

Requestor's Address: 107 E Brown St

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Red Springs	NC	28377		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

v if any of the pre-printed information above is incorrect.
registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbce@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 02 '16 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McGeachy	Shamaun		

Home Address (NC Residential Address.): 1217 Eligigc Dr.

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls	NC.	28384

[redacted] Yes ☐ No

City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09-10-16 (Date) X _____ (Date)

[redacted] w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF E

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing
PO Bo
Lumb

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-1 *Election*

Voter Information

Last Name	First Name	Middle Name
McGhee	GARY	Eugene

Home Address (NC Residential Address.): 526 N. 4th St

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls	NC	28384

City

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | **Previous Name** (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number | SSN: X X X - X X - ____

Voter Registration No. | **Phone** (optional) | **Email** (

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City | State

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grand
☐ child ☐ grandchild ☐ stepchild ☐ moth
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spous

☑ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail

Fax Number or Email Address

Sig [redacted] **Signature of Near Relative/Legal G**

X 4/2/18 X

Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McGlothlin	Tim		

Home Address (NC Residential Address)	City	State	Zip Code
308 South Bon Rd.	Roland	NC	28383

[redacted] Yes ☐ No

Mailing Address (if different than home address)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/4/18 X _____
Date Date

[redacted] w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
McKoy	Carolyn	E	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1043 Britt Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1043 Britt Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-21-18 Date X _____ Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Mckoy	Khaijah	S	

Home Address (NC Residential Address.): 12291 NC HWY 211 West

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mclaughlin	Ashley	Nicole	

Home Address (NC Residential Address)	City	State	Zip Code
40a westgate terrace	Red Springs	NC	28377

Mailing Address (if different than home address.): Same

City	State	Zip Code

Live at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ / Date X _____ Date

[redacted]

...v.NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
MCLaurin	Timothy	J	

Home Address (NC Residential Address.): 12291 NC HWY 211 West

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
McLean	Alexis	Shontell	

Home Address (NC Residential Address.)	City	State	Zip Code
109 East Brown Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

ter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
109 East Brown Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 5, 18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean	James	H	

Home Address (NC Residential Address.): 601 Rowland Ct

City	State	Zip Code
Rowland	NC	28383

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional): 910 57[illegible]

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09 05 18 (Date) X _____ _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean	Shamone		

Home Address (NC Residential Address): 604 Stafford Street

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional): 910-936-9729 | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. (temporarily or indefinitely)

Current Address (Address where you are currently stationed or living overseas.) | Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email | Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X (Date)

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
McLean-Hesler	Felecia	Ann	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
512 Happy Hill Rd	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 736 4926	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X _____ (Date)

o check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McLellan	Derric		

Home Address (NC Residential Address): 2056 McRimmon Road
City: Rowland State: NC Zip Code: 28383
[redacted]

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No.: [redacted]
Phone (optional): 910-740-2801
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9518 X
Date Date

[redacted] CSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McNair	Frankie	Dorail		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
520 Hunting Ridge Rd	Red Springs	NC	28377

Mailing Address (If different than home address.): City / State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (If applicable)

You must provide at least one identification number below. (or see Instructions) [redacted]

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]	336 706-9540	

[redacted]

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/23/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McNair	Frankie	Dorail		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
520 Hunting Ridge Rd					
City	**State**	**Zip Code**	**City**	**State**	
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)	
[redacted]		
Voter Registration No.	**Phone** (optional)	**Email** (optional)
None	336 706-9840	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/23/18 Date	X Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
McNair	Demetria		

Home Address (NC Residential Address.)	City	State	Zip Code
5975 Random R. Fairmont, NC	Fairmont	N.C.	28340

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X _____

Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/06/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
McRae	James	W	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
307 W. Church St	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O Box 475	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 8/29/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Miller	madison		

Home Address (NC Residential Address): 1350 Thoroughbread trail

Mailing Address (If different than home address.)

City	State	Zip Code
Barton	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/2/2018 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~November G, 2~~ *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Mebane	Elijah	Pierre	

Home Address (NC Residential Address.): 408 W Railroad Rd A302
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/3/18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Mercer	Alvin John	Britton		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
405 Cherokee St.	PO Box 3133

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/29/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mitchell	Kenneth		

Home Address (NC Residential Address.): 98 Lewis McNeil

City: Red Spring | State: NC | Zip Code: 28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)

City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 X

Date Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Mahogany	Rickae	

Home Address (NC Residential Address.): 601 Canal Street

Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence | **Previous Name** (if applicable)

Voter Registration No.: Undone | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

9-6-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Moore	Patrica			

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
608 Benjamin St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
608 Benjamin St	Fairmont	NC	28340

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9-6-18	X	

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Mourinho	Jose	Figo	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2288 Snipes	Red Springs	NC	28386

Mailing Address (if different than home address.)	City	State	Zip Code
	Red Springs	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/29 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mundell	Katelynn	Ann	

Home Address (NC Residential Address)	City	State	Zip Code
408 W Railroad St.	Pembroke	NC	28372

Mailing Address (if different than home address)	City	State	Zip Code
219 Squirrel hill ln	White Oak	NC	28399

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Bladen	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/31/18 (Date) X (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Nichols	Jerry		

Home Address (NC Residential Address.)	City	State	Zip Code
78 Delmar St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

pplicable)

Date

10/17/18
Date

[redacted]

NCSBE.gov to check your vote

State/Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Nocedal	Jesus	Daniel	D.

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
302 W 17th st.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Georgia	

oter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	10/10/18	X	

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Orozco	Carlos	Mauricio	

Home Address (NC Residential Address.)	City	State	Zip Code
321 Village One University Dr	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 6328	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-916-5111	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/3/18 Date [redacted] 10/3 Date

...v.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Allen	D	

Home Address (NC Residential Address)	City	State	Zip Code
106 Lewis St	Fairmont	NC	28340

Mailing Address (If different than home address.)

City	State	Zip Code

[redacted] ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	9103169095	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9-4-18 (Date) X (Date)

[redacted] w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Brian	K	

Home Address (NC Residential Address.)
216 Henry Berry Rd

City	State	Zip Code
Rowland	NC	28383

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence

Previous Name (if applicable)

Voter Registration No. Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)
216 Henry Berry Rd

City	State	Zip Code
Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
Kimberly (First) C (Middle) Oxendine (Last) (Suffix)

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
216 Henry Berry Rd

Name of Corporation (If appointed legal guardian)

City	State	Zip Code
Rowland	NC	28383

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

6-18-18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Exadine	Ciera	Lynn	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
73 Cloris dr			Same		
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable):

10/23/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Okendire	Helen		

Home Address (NC Residential Address.): 335 Ira Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910 736-7496

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 335 Ira Rd

City	State	Zip Code
Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Carla (First) Mmds (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 389 Ira Rd

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28360	910 736-1226	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/29/18 Date — X [signature] — 10/29/18 Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	MCurgre	J	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
275 Bouquet dr. ~~St~~	

City	State	Zip Code	City	State	Zip Code
St. pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]	910 733 6567	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X _____ Date 8-27-18

[redacted] your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Pam		

Home Address (NC Residential Address.): 103 Fisher St.
City: Fairmont State: NC Zip Code: 28340
[redacted] Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No.: Optional
Phone (optional): 910-706-1392
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 (Date) X (Date)

[redacted] w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Page	Marquest	Andre	

Home Address (NC Residential Address.)	City	State	Zip Code
109 Backer St	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Oregone

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 8/27/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Page	Zino	Leon	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
506 East 18St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/18/18 *Date* X _____ *Date*

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Payne	Cynthia	Marie	

Home Address (NC Residential Address.): 408 W Railroad St. Pembroke

Mailing Address (if different than home address.):

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: [redacted] Previous Name (if applicable):

Voter Registration No.: Optional Phone (optional): Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/6/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Su
PERRY	WALTER	R	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 PLEASANT VIEW CH RD	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
1000 WESLEY PINES RD APT-145L	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000051581		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2019.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Pevia	Lisa	Danielle	

Home Address (NC Residential Address.)	City	State	Zip Code
259 Ventura Dr.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 259 Ventura Dr

City: Lumberton State: NC Zip Code: 28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 (Date) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Phillips	Kamryn	Denise	

Home Address (NC Residential Address.)	City	State	Zip Code
UNCP Cypress 530B	Pembroke		

Mailing Address (if different than home address.)	City	State	Zip Code
1866 Pelican Point Court SE	Bolivia	NC	28422

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)
Brunswick	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/2/18X
Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
PITTMAN	JAMES	KEVIN	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
242 JEREMY DR			PO BOX 354		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358	LUMBERTON	NC	28359

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
	ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000510397		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Powell	Cememeca		

Home Address (NC Residential Address.)	City	State	Zip Code
607 Leesville ST.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X 10/17/18
Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Powers	Dondi	R	

Home Address (NC Residential Address.): 118 Suggs Rd

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: [redacted]

Previous Name (if applicable):

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

[redacted]

× 8-5-2018
Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Presar	Brittany		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
490 Prospect Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Pembroke					

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ X _____ _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BEVATT	Luther	Jordan	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
2603 Riverwood Ave.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	N.C	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/10/18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
~~Aro~~ Ray	Daliyah	Shamae	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
126 Johnson Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/2018 Date — X _____ Date

SBE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Ray	Howard		

Home Address (NC Residential Address): 607 Glory Light Rd.
City: Fairmont State: NC Zip Code: 28340
Mailing Address (if different than home address.)
City State Zip Code
[redacted]
Have you lived at this address for more than 30 days? ☒ Yes ☐ No
County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional): 910-~~555~~ 740-6017
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 (Date) X (Date)

[redacted]

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Ray	Jeffery		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1479 Carolina Church Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1479 Carolina Ch. Rd.	Parkton	N.C.	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/2018 X
Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Redmond	Demetria		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4902 Tupelo Dr	

City	State	Zip Code	City	State	Zip Code
Wilmington	NC	28411			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson Coun

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
	9106855406	demetria.redmond@icloud.com

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 Pembroke Pointe Ln , Unit 119 2-j	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/17/2018 Date X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11/6/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
REVELS	JENNY	FAYE	

Home Address (NC Residential Address.)	City	State	Zip Code
367 CHARLOTTE RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
367 Charlotte Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ 10/7/2018 (*Date*)

Signature of Near Relative/Guardian (if applicable) X _____ (*Date*)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Revels	Shequila	Lynn	[redacted]

Home Address (NC Residential Address.): 2905 Old Whiteville Rd Lot 8

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8/4/2018
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Revels	Wanda	D	

Home Address (NC Residential Address.): ~~Rowland~~ 11832 Brown ~~Rd~~ St ~~28~~

City	State	Zip Code
Rowland	NC	28383

Mailing Address (if different than home address.): P.O. Box 308

City	State	Zip Code
Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
(optional)		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Roberts	Jamario	D	

Home Address (NC Residential Address)	City	State	Zip Code
408 W. railroad dr ~~208 A~~	Pembroke	NC	28372

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/3/18 (Date) X (Date)

[redacted]

v.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
ROBINSON	MALVIN			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1204 GREENSPRING RD	

City	State	Zip Code	City	State	Zip Code
PARKTON	N.C	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online	8184473699	

[redacted]	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-5-18	X	

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

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State Absentee Ballot Request Form
North Carolina

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I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Robinson	Tasha		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
	P.O. Box 314

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (If applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9/6/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]E.gov to check your voter registration or absentee voting status.

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North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
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elections.sboe@ncsbe.gov

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I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Rushie	DEAndre	Dwight	

Home Address (NC Residential Address)	City	State	Zip Code
2508 corinth drive	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
PO 6191	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	336-209-5548	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-3-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

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North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Anderson	Travis	WYNN	

Home Address (NC Residential Address.): 916 Peachie Dr.
City: Lumberton State: NC Zip Code: 28360

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X _____
Date Date

www.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sealey	Michael		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
47 ~~Peace~~ Elks Peace St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /		

Voter Registration No.	Phone (optional)	Email (optional)
~~Cingone~~	910-633-8721	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter	Date	Signature of Near Relative/Guardian (if applicable)	Date
	9-6-18	X	

...E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi	[redacted]
Seals	Kenneth			

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
517 Quail Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (if applicable)

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

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If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

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☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email **Fax Number or Email Address**

[redacted]	9-4-18	**Signature of Near Relative/Guardian** (if applicable)	
	Date	X	Date

BE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
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elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Shembo	Dorcas	Ndjeka	

Home Address (NC Residential Address.)	City	State	Zip Code
408 w railroad	pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

09/07/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Shope	Bridgette	Elena	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
UNCP Cypress 536 A			323 Genesis Circle		
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Black Mountain	NC	28711

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

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Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-2-18 (Date) X (Date)

w.NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sims	Damian	Darrell	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1001 Blanchard Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
1001 Blanchard Rd	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]		

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X 09/17/18
Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type: Primary, General, Municipal, Special, etc.) on NOV 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Mc~~ Sinclair	Missy	Clavier	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
868 Brisk Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC	28384			

[redacted] ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

9/7/18 (Date) X _____ (Date)

ww.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Smith-Hendricks	Mikara	Floree		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
101 Pembroke Pointe Ln 119 3C	

City	State	Zip Code	City	State
Pembroke	NC	28372		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Oregone

Phone (optional): 476-0540

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 10/3/18 (Date)

Signature of Near Relative/Guardian (if applicable): X (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
SMITH	Kaitlan	Sierra	

Home Address (NC Residential Address): 10216 Walter Myatt rd

Mailing Address (if different than home address.)

City	State	Zip Code
Fuquay-Varina	NC	27526

[redacted] at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
Smith	Keisha	Renee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
506 1/2 16th St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
512 godwin Ave	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

7/4/18
Date

Signature of Near Relative/ Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
~~REESE~~ Smith	LINDSEY	~~SMITH~~ Marie	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3775 KINGS CROSS RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10/2/18 **Signature of Near Relative/Guardian** (if applicable)
Date X Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Racheal	Lynn	

Home Address (NC Residential Address.): 3318 Cooking Council Road

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls	NC	28384

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

[illegible] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Smith	Terry		

[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
712 Riley Circle	

City	State	Zip Code	City	State	Zip Code
Cumberland	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (If applicable)
[redacted]		

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENCE OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Terry	Lee	

Home Address (NC Residential Address.): 202 Arbor Lane

Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Lilton	NC	28360	Lu		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Yu

Previous Name (if applicable)

[redacted]

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X Rebecca Smith 11-24-19 Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Spears	Teena		

Home Address (NC Residential Address): 308 South Bon Rd

Mailing Address (if different than home address.)

City	State	Zip Code
Rowland	NC	28383

[redacted] Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date 9/4/18 X _____ Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Stephens	Jermaine	Rodriguez	

Home Address (NC Residential Address.)	City	State	Zip Code
241 Clarington Ct.	Lumber Bridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/5/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE N.C. GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S
Stephens	Marc	Daniel	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
401 Winona Ave	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 401 Winona Ave

City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/21/18 Date X _____ Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Stewart	William	DeVon	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
724 Spruce St					
City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/23/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor	Dorlene		

Home Address (NC Residential Address): 601 E. Gertrude St.
City: Fairmont State: NC Zip Code: 28340
Mailing Address (If different than home address.)
City State Zip Code
Live at this address for more than 30 days? ☑ Yes ☐ No
County of Residence: Robeson
Previous Name (If applicable)
Voter Registration No.: Unknown
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

6-4-18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Hazel	M.	

Home Address (NC Residential Address.)	City	State	Zip Code
409 North Caldwell	[redacted]	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 385	Kokeson	NC	28383

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference: ☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Thompson	Jamie			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
279 Straightway Dr.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.: Online

Phone (optional): 910-740-7698

Email (optional):

Previous Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/7/18 *Date*

Signature of Near Relative/Guardian (If applicable)
X _____ *Date*

gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Thompson	Kendrick	Jamelle		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO Box 351	

City	State	Zip Code	City	State	[redacted]
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		

You must provide at least one identification number below (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	None		

[redacted]	ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-24-18	X
Date	Date

gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800-N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Micheal		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
302 Stephens	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X

Date Date

.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Patrick Lee Thompson (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	PAtrick	Lee	

Home Address (NC Residential Address): 1425 East Greenspring Rd
City: Parkton State: NC Zip Code: 28371
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional): 910 823 7828 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

9/5/18 X
Date Date

[redacted] .gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
THURMAN	LASHAWN	SHANETTA	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 907	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-7201127	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Date _____ **Signature of Near Relative/Guardian** (if applicable) X _____ Date _____

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Townsend	Quamek		

Home Address (NC Residential Address.): 83 Coward Drive
City: Fairmont State: NC Zip Code: 28340

Mailing Address (if different than home address.)
City State Zip Code

[redacted] Yes ☐ No

County of Residence: ROBESON
Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)
Phone (optional): 910-740-0538
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 09-10-18 (Date) X (Date)

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address 800 N. Walnut Street Lumberton, NC 28358
Mailing Address PO Box 2159 Lumberton, NC 28359
PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Trinity	Mack	S.	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
202 Mecer Street	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377	~~Re~~		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
202 Mecer Street			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-22-18 Date — X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~Gen~~ General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Tshuma	Ashley	~~Pa~~ Thandiwe	

Home Address (NC Residential Address): 101 pembroke pointe Ln APT 05-2A
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 101 pe
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City State Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/3/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Turnage	Michael	A	

Home Address (NC Residential Address)	City	State	Zip Code
424 Melbourne Rd	Rowland	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 296	Rowland	NC	28383

[redacted]

Have you lived at your address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
(Optional)	9102171227	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9-16-18 (Date) X _____ (Date)

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

2020 Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Waldeck	Gillan	Michan	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
202 North Hall UNCP					
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

[redacted] ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-3-19 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
WALTERS	IRENE	JOHNSON	

Home Address (NC Residential Address.)	City	State	Zip Code
205 N. WALNUT ST.	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
205 N. Walnut St	Fairmont	N.C.	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	205 N Walnut St	N.C.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X Donald Walters _____
Date

r voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Walton	Brittany	C	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
505 1st St	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/30/18 *(Date)* X _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Washington	Buster		

Home Address (NC Residential Address.): 206 Blueberry Street
City: Fairmont State: NC Zip Code: 28340

Mailing Address (if different than home address.)
City State Zip Code

[redacted]

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-628-9020
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 (Date) X (Date)

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Watson	Ny'Kaylah	Alexdriah		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1516 Pleasant Hope Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Laurel Hall, Room #108 9201 University City Blvd	Charlotte	NC	28223-0001

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☑ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Jamony Chris Watson 4/20/18
Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Wright	Dawn	~~Lee~~ Catherine,		[redacted]

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
303 Cemetery Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Maxton	NC	28364			

Have you lived at this address for more than 30 ~~days~~? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___		

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Cingular	910 844-5594	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-23-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
White	Dana	Denise	

Home Address (NC Residential Address.): 331 Britt Rd
City: St. Pauls | State: NC | Zip Code: 28384

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No.: Optional
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09/07/2018 X
Date

Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Dontray~~ William	Dontray		

Home Address (NC Residential Address.)	City	State	Zip Code
301 McLeod Rd	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.) | City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) | **Signature of Near Relative/Guardian** (if applicable)

[redacted]

10/22/2018 X _____
Date Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	David	Alphonzo	II

Home Address (NC Residential Address.): 2107 N. McMillan

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/4/18 X _____
Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov 6th 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Wober	Alexander	Gerhard	

Home Address (NC Residential Address.)	City	State	Zip Code
4904 Willow Oak Dr	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
236 Oak Street APT H8	Boone	NC	28607

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
236 Oak Street Apt H8	Boone	NC	28607

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/16/18 X
Date Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Wright	Amber	Arelena	

Home Address (NC Residential Address)	City	State	Zip Code
735 N Alford Rd	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-633-0551

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
zelaya murillo	kimberly	michelle	

Home Address (NC Residential Address.)	City	State	Zip Code
one university Dr. VNCP box-5383	pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(919) 402-6062	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ 10-03-18 X _____
Date Date

[redacted] v.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Zurcher	Victoria		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
7720 MLK Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___		

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]	9-4-18	Signature of Near Relative/Guardian (if applicable)	
	Date		Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Ashton Ingram	Kathryn	Lynn	

Home Address (NC Residential Address.): 1109 E 11th Street

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence:

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): same as above

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10.9.18 X

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRYAN	RHONDA	BRITT	

Home Address (NC Residential Address.)	City	State	Zip Code
209 E. 10TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
209 E 10th St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date

10-7-18

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

B3312678456 NC8W1035510 IVNC

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Todd	Brady		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1555 Willis Ave.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Beatty-McNair	Tankka	Rochelle	

Home Address (NC Residential Address.): 830 Brisson Rd.
City: Saint Pauls | State: NC | Zip Code: 28384
[redacted] Yes ☐ No

Mailing Address (If different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional): 910-241-3009
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-7-18 (Date) X (Date)

[redacted]

www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General / Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 11,02,2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
TROY	JOSEPH	C	Jr.

Home Address (NC Residential Address.)	City	State	Zip Code
4324 N. CHICKEN RD.	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-668-1255	joectroy940@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4324 N. Chicken Rd.	Pembroke	N.C.	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

08/27/2018 Date X Date

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MACDONALD	MELISSA	ANN	

Home Address (NC Residential Address.)	City	State	Zip Code
1113 E. 9TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1113 E. 9th St,	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 10-1-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	S[redacted]
MILLIKEN	CONNIE	FRANCES	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
501 CARTHAGE RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
501 Carthage Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-24-18

Signature of Near Relative/Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171480 NC8W1039688 CVNC

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Carter	Nancy	Sue	

Home Address (NC Residential Address.)	City	State	Zip Code
28 Grassy Lane	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
SAME			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ~~BLA~~ Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

8-7-18 X _____
Date Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
COOK	James	Q	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
808 Brisson Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/ Guardian (if applicable)

8-26-18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Rozier	Lendard		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
234 Folly Dr	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
On file		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

8-22-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6 201[redacted] (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	WILSON		JR

Home Address (NC Residential Address.)	City	State	Zip Code
1910 BERRY ST., # APT-G	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1910 Berry St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9/30/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

*Last Name	*First Name	Middle Name	Suffix
Nance	Timothy	Earl	

*Home Address (NC Residential Address)	City	State	Zip Code
282 Hummingbird Lane	St Pauls	NC	283

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

***You must provide at least one identification number below.** (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
282 Hummingbird Lane	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

7.31.18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
COLLINS	STEVE	CAROL	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
504 W 19TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000519766		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
504 West 19th Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where yo[redacted]seas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-29-18 (Date) X Margaret Ann Collins, Wife 9-29-18 (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

Exhibit # 2 2 2 2

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Kay	Zania		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
KAY	ZANIA	M	

Home Address (NC Residential Address.)	City	State	Zip Code
1803 N. ROWLAND AVE.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/5/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
PERKINS	KEVON	RENDELL	

Home Address (NC Residential Address.)	City	State	Zip Code
6008 WILLIAMS DR. NE	LELAND	NC	28451

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6008 Williams Drive, NE	Leland	NC	28451

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-23-18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X [signature] 10/24/18 *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Jessica	Dawn	

Home Address (NC Residential Address): North University 1

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional): 910-622-8136 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First / (Middle) / (Last) / (Suffix))

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ Date

10/2/19 X
Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Baldwin	Shabreha		

Home Address (NC Residential Address.)	City	State	Zip Code
102 Liberia st.	Fairmont	N.C.	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-29-18 *(Date)* X _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor	Alea	Genesis	

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
101 Pembroke Pointe Ln.			

Mailing Address (If different than home address.)	City	State	Zip Code
	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/8/18 (Date) X _____ (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Woods	Desmond	C		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1 University Rd.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
490 Prospect Road, Apt. 712	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]	000000506687	4075764540	woodsd97@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
8175 Gables Commons Drive, Apt. 1625	Orlando	FL	32821

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely [redacted] ed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/15/2018 X

Date Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Woods	Desmond	C		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1 University Rd.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
490 Prospect Road, Apt. 712	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see Instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]	000000506687	4075764540	woodsd97@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
8175 Gables Commons Drive, Apt. 1625	Orlando	FL	32821

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email

Name of Corporation (If appointed legal guardian):

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely [redacted] ed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

10/15/2018 (Date) X _____ _____ (Date)

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
BRITT	CHRISTABEL	F	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
15361 NC130 HWY E	1000 WESLEY PINES RD. APT 202W

City	State	Zip Code	City	State	Zip Code
FAIRMONT	NC	28340	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]	ROBESON	

oter Registration No.	Phone (optional)	Email (optional)
00000511919		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
WILLIAMS	ELIZABETH	JANE	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
PO BOX 3074					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28359			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]	BESON	
	er Registration No. Optional	Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-6-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 42 p. 2

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HEMINGWAY	NEKIA	JAUMAL	

Home Address (NC Residential Address.): 315 OLD WHITEVILLE RD.

City	State	Zip Code
LUMBERTON	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 9-28-18
Date

Signature of Near Relative/Guardian (if applicable) X
Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
Hemingway	Nekia	James	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
315 Old Whiteville Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-20-18 Date X Date

llot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Tett	Laci	LeShai	

Home Address (NC Residential Address.)	City	State	Zip Code
55 Burgaw Road	Lumberton	NC	28360

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/18 (Date) X (Date)

[redacted]

...gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	
MERCER	ALEASE	FORMYDUV	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4676 REGAN CHURCH RD.	

City	State	Zip Code	City		
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted] ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4676 Regan Ch. Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10-3-18 (Date)	X (Date)

[redacted] BE.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MERCER	THOMAS	EUGENE	

Home Address (NC Residential Address.)	City	State	Zip Code
4676 REGAN CHURCH RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4676 Regan Church Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/6/18 Date — X — Date

SBE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Thomas	Keith	Irwin	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4649 NC Highway 20 E	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.	Phone (optional)	Email (optional)
00000492990	910-865-1101	kithoma1966@yahoo.com

[redacted]

City	State	Zip Code
aint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (print) (middle) (last) (suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sig[redacted] 9/21/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Elections (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BROCK	PEGGY	HAYWOOD	

Home Address (NC Residential Address.)	City	State	Zip Code
616 S. DEAN ST.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
same			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: obeson

Previous Name (If applicable):

[redacted]ter Registration No. Optional: 00000505156-7

Phone (optional): 910-241-3177

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
616 S. DEAN ST.	ST. PAULS	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			–

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Mclaughin	Deloris		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

E.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
DeVone	Helen			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
930 W Parkton Tobermory Rd	

City	State	Zip Code	City	State
Parkton	NC	28371		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see Instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X 08.24.2018

Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
DEVONE	HELEN	KING	

Home Address (NC Residential Address.)	City	State	Zip Code
930 W. PARKTON TOBERMORY RD.	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
930 W. Parkton Tobermory Rd.	Parkton	NC	28306

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

10.01.18 X _____
Date Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Brooks	Elizabeth	Sue	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (Election Type (Primary, General, Municipal, Special, etc.)) on Nov , 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PAGLIALUNGA	RONALD	P	

Home Address (NC Residential Address.)	City	State	Zip Code
2178 SHAW MILL RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
? Optional	910-865-5912	0

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2178 SHAW MILL RD	ST PAULS	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
LEGETTE	MAE	FRANCES	[redacted]

Home Address (NC Residential Address.)
308 W 22ND ST

City	State	Zip Code
LUMBERTON	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence
ROBESON

Previous Name (if applicable)

Voter Registration No.
000000499432

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/29/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LEGETTE	MAE	FRANCES	

Home Address (NC Residential Address.)	City	State	Zip Code
308 W. 22ND ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robinson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
308 W. 22nd st	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)

Date _____

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
PEGUES	Jeffrey	K		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
103 WELLS MAXTON	

City	State	Zip Code	City	State
MAXTON	NC	28364		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (If applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Unsure		

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Voter (w[redacted]	Signature of Near Relative/Guardian (if applicable)
8-24-18 X	
Date	Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Kay	Wallace			[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
104 Hope LN	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

[redacted]E.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Thompson	LINDA	Jamison	Ms	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
204 West 32nd Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
204 West 32nd Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-24 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Gillmore	Kenneth	W	JR

Home Address (NC Residential Address.)	City	State	Zip Code
406 Council Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or se[redacted]

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (if appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

Signature of V[redacted]

X [redacted]

Signature of Near Relative/ Guardian (if applicable)

X [signature] 10/29/24 Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Michelle		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
105 Delane Street					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence **Previous Name** (If applicable)

[redacted]

Voter Registration No. (optional)	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	**City**	**State**	**Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			**Name of Corporation** (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date	X Michelle McRae	7/31/2018 Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pugh	OLA	Georgiann A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
307 Anna St	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: __/__/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-13-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Costner	Patrisa	I	

Home Address (NC Residential Address.)	City	State	Zip Code
406 N. Fayetteville St	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional): 910-850-0468

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov 6th 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
COSTNER	PATRISA	IVA	

Home Address (NC Residential Address.)	City	State	Zip Code
406 N. FAYETTEVILLE ST.	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
406 N. Fayetteville St.	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-27-18X
Date

Date

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192172685 NC8W1056006 CVNC

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Legette	Wilbert		

Home Address (NC Residential Address)			Mailing Address (If different than home address.)		
308 W 22nd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LEGETTE	WILBERT		

Home Address (NC Residential Address.)	City	State	Zip Code
308 W. 22ND ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robinson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	716-303-0486	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
308 W. 22nd St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
KIMBREL	RICKIE	JACKSON	

Home Address (NC Residential Address.)	City	State	Zip Code
18 PARKTON PL., # A	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence:

Previous Name (If applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 9085009882

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
18A Parton Place Circle	PARKTON	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-10-18 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192172493 NC8W105561S CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
VIRGIL	IVEYDELL		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
18036 NC HIGHWAY 130 E.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
ORRUM	NC	28369			

[redacted] ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-26-2018 X
Date Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

VERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
KING	ANTHONY	JOHN	

Home Address (NC Residential Address.): 689 E. MCRAINEY RD.

City	State	Zip Code
SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
689 E McRainey Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 10-5-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

...NCSBE.gov to check your voter registration or absentee voting status.

...ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.5.2.2 [illegible]

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All of them (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
HOWLEY	ANGEL	NICOLE	

Home Address (NC Residential Address.)	City	State	Zip Code
4 Woodlawn Street	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4 Woodlawn Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/03/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Harrell	Sequita	Quinnette	

Home Address (NC Residential Address.): 46 Brands Drive

Mailing Address (If different than home address.):

City	State	Zip Code
Saint Pauls	NC	28384

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC Driver's License or DMV ID Number: [redacted]

SSN: X X X - X X - [ ][ ][ ][ ]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.): [redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S [redacted]

11-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 7 2018 (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BLAKLEY	PATRICIA	LYNN	

Home Address (NC Residential Address.)	City	State	Zip Code
62 BRENDAS DR.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/1/2018 (Date) X _____ (Signature of Near Relative/Guardian (if applicable)) _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McCormick	Leon	Tyron		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
219 Benton	

City	State	Zip Code	City	State
Rowland	NC	28383		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-28-18	X	

.gov to check your voter registration or absentee voting status.

[redacted] Absentee Application/Ballot Request

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6th 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Gaugh	Kimberly	Elizabeth	

Home Address (NC Residential Address)	City	State	Zip Code
604 Mcneill Street	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton		

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-19-2018 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Reneau	Austin	R	

Home Address (NC Residential Address.)	City	State	Zip Code
566 W Bluestreet	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
566 W Bluestre			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
566 W Blue Street	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/29/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Murdock	Michael	Allen	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
918 W. McDuffie Crossing Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted] 7-31-18
Date

Signature of Near Relative/ Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-24 *(Election Da*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Su
Bullard	Brian	Horace	

Home Address (NC Residential Address.)	City	State	Zip Code
572 W. Blue street	St. Pauls	N.C.	28384

Mailing Address (If different than home address.)	City	State	Zip Code
572 W. Blue Street	St Pauls	N.C.	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

[redacted] SSN X X X - X X - [ ][ ][ ][ ]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
572 W. Blue Street	St. Pauls	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-2-18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	Bullard	Brian	Horace

[redacted] Address:) 572 W. Blue Streef	**Mailing Address** (If different than home address.)
St. Pauls NC 28384	

[redacted] ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

[redacted] (See instructions) SSN X X X - X X -	**County of Residence**	**Previous Name** (if applicable)	
	Voter Registration No.	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	**City**	**State**	**Zip Code**

[redacted]

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			**Name of Corporation** (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] X _____ _____
Date Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bartolotti	Laura	C	

Home Address (NC Residential Address)
490 Prospect road

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code
Pembroke	NC	28372

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ 9/7/2018 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

STATE OF NORTH CAROLINA
ABSENTEE BALLOT REQUEST FORM

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV-06-18 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Jarquas	Antoine	

Home Address (NC Residential Address.)	City	State	Zip Code
1058 Britt Rd	St. Pauls	NC	28384

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. [redacted] | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 (Date) X (Date)

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Dat)*

Voter Information

Last Name	First Name	Middle Name	Suf
Walker	Stefani	Sheralin	

Home Address (NC Residential Address.)	City	State	Zip Code
850 W Broad St	St Paul's	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/21/18 *Date* X _____ *Date*

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FAX: 910-671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Dat*

Voter Information

Last Name	First Name	Middle Name	Su
Walker	STefani	Sheralin	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)		
850 w Broad St			
City / **State** / **Zip Code**	**City**	**State**	**Zip Code**
St Pauls / NC / 28384			

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
	Voter Registration No.	Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City / **State** / **Zip Code**	**Requestor's Phone**	**Requestor's Email**	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18 X

Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Sessoms	Kayla	Ann

Home Address (NC Residential Address.)	City	State	Zip Code
10 Sports Ct	Lumber Bridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
10 Sports Ct	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-6-18 (Date) X _____ (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Manier	allison	Hope	

Home Address (NC Residential Address.)	City	State	Zip Code
11930 Pembroke Pointe ~~Plane~~	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
11930 Pembroke Pointe	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Rivera-Mercado	Alexander		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
96 Acadiana Dr.	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		arivera3399@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9/25/2018
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Martay	Dawn	

Home Address (NC Residential Address)
[redacted] Cypress Hall

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] Oct 22 2018 X
Date

Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMOND	JACK		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1259 HORNE CAMP RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

[redacted] Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1259 Horne Camp Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name				Requestor's Address	Name of Corporation (If appointed legal guardian)
Maxine (First)	(Middle)	Hammonds (Last)	(Suffix)	1259 Horne Camp Rd	

☐ spouse ☒ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

City	State	Zip Code	Requestor's Phone	Requestor's Email
Fairmont	NC	28340	336-687-6519	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

Date

x Maxine Hammonds 3-25-18
Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Call	Kateryn	Alisa	

Home Address (NC Residential Address.)	City	State	Zip Code
209 Cypress UNC Pembroke	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
172 Doss Drive	Winston Salem	NC	27107

[redacted] ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Davidson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]	3368408822	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian (if applicable)**

10-2-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-7-2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CONLON	CAROL	ELAINE	

Home Address (NC Residential Address.)	City	State	Zip Code
1809 LAMBETH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No. (Optional): BL299436

Phone (optional):

Email (optional): carol.b.conlon@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1809 Lambeth St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date 10-1-2018

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Avery	Mercedes	Franchester		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
803 Lombardy Village Rd	Shannon	NC	28386

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-24-18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
STOKES	DELLA		

Home Address (NC Residential Address.): 59 GLORY LIGHT RD
City: Fairmont State: NC Zip Code: 28340

Mailing Address (If different than home address.)
City State Zip Code

[redacted] Yes No

County of Residence: ROBESON
Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)
Phone (optional): ~~910~~ 252 907 1698
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 (Date) × Della Stokes (DS) (Date)

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV-06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Russell	Khalel	Saikwon	

Home Address (NC Residential Address): 1University Dr 5703
City: Pembroke State: NC Zip Code: 28372

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No.
Phone (optional): (919)766-[illegible]
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/2/18 (Date) X (Date)

[redacted]w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WATTS	J	B	JR

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3936 RENNERT RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
SHANNON	NC	28386			
Have you lived at this address for more than 30 days? ☐ Yes ☐ No			**County of Residence**	**Previous Name** (If applicable)	
[redacted]			**oter Registration No.** Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3936 Rennert Rd	Shannon	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	
10/15/2018 X	
Date	Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Anderson	Laruth		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
Village			423 C		
City	State	Zip Code	City	State	Zip Code
Pembroke				NC	28372

[redacted] Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
[redacted] ☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ 10-3-18 Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary / municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Tyndall	Kie'rra	Lavonda		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
488 Windsor Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-885-1925	Kityndal @ yahoo.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
601 Hillpoint Blvd Apt 715	Suffolk	VA	23434

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/11/2018 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6th, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
RATLEY	DENICIA	M	

Home Address (NC Residential Address.)	City	State	Zip Code
60 ADDISON TRAM RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
3412 Stagecoach Rd	Stoughton	MA	02072

County of Residence	Previous Name (If applicable)
Norfolk	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3412 Stagecoach Rd	Stoughton	MA	02072

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/11/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Lotts~~ Stewart	Louis		Jr

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3515 Hillcrest Drive	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-990-4573	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

MECKLENBURG COUNTY
BOARD OF ELECTIONS
AUG 13 2018

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18 Date

X

Date

gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McGlaughlin	Henry		Jr.

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
539 Quail Run Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Original

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone: 910-474-7470

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8.30.18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
GREGORY	RACHEL	A	

Home Address (NC Residential Address.)	City	State	Zip Code
4919 WHITE OAK DR	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
4919 WHITE OAK	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

oter Registration No.	Phone (optional)	Email (optional)
00000520548		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-22-18 Date X Date 10-22-18

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
McNeill	Isiah	Stefon	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
408 W Railroad St Apt. B203					
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/3/18 X
Date Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28302-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Howard	Quantamia	Shanté	

Home Address (NC Residential Address.)	City	State	Zip Code
437 Hendryx Road	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 Hendryx Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 9, 18 X _____

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Howard	Quantamia	Shanté	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
437 Hendryx Drive	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 Hendryx Drive	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MELVIN	LARRY	MATTHEW	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 446	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. BOX 446	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

9-27-2018 X
Date Date

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
PROUGH	CLIFFORD	EDWARD	JR

Home Address (NC Residential Address.)	City	State	Zip Code
55 BUNN FARM RD	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000470283		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
55 BUNN FARM RD.	PARKTON	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/9/18 Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SCOTT MILLER	STEPHANIE	S	

Home Address (NC Residential Address.)	City	State	Zip Code
116 LARIAT DR.	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
116 Lariat Drive	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/30/18 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312667933 NC8W1055095 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HAIR	KIMBERLY	YOUNG	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
301 N. VANCE ST.	

City	State	Zip Code	City	State	Zip Code
RED SPRINGS	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

...ter Registration No.	Phone (optional)	Email (optional)
? Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
301 N Vance St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
9/29/18 (Date)	X (Date)

...SBE.gov to check your voter registration or absentee voting status.

...SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
FERRO	JAMES	ALBERT	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
278 GREEN ST	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000492846		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
278 Green ST	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-14-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
McLean	Jacobi		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
523 West 4th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: [redacted]

Previous Name (if applicable):

Voter Registration No.: Original

Phone (optional): 910-374-3844

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-22-18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Williams	MARCUS	ALEX	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
208 Vermilion DR.	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 705-7542	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
208 Vermilion DR.	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/27/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Ashley	L	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2065 Eastwood Terrace Apt 49	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see Instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/ Guardian (if applicable)

8/30/18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suf
Little	Samantha	thaylie	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
85 Berkshire dr.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/ Guardian (If applicable)

[redacted] 9/23/18 (Date) X _____ _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF EL

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing
PO Bo
Lumb

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8- *Election D*

Voter Information

Last Name	First Name	Middle Name
Little	Samantha	Haylie

Home Address (NC Residential Address.): 85 Berkshire dr.

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls	NC	28384

City

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: ___/___/___

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN: XXX - XX - [redacted]

Voter Registration No.

Phone (optional)

Email (

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City

State

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballo

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ gran
☐ child ☐ grandchild ☐ stepchild ☐ mot
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spou

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal G

4/10/18 X

Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 335 of 2821

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
PIERCE	Darryl	Andrew		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
101 McRae St	

City	State	Zip Code	City		
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions).

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 McRae St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

July 3, 2018 (Date) X ____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Trejo-Munoz	Blanca		

Home Address (NC Residential Address.): Bak unCP

Mailing Address (if different than home address.): P.O. Box 5983 one univers. Pkwy

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code
Pembroke	NC	28372

[redacted] Yes ☐ No

County of Residence: Robertson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 10/2/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06 2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Ingle	Malcom	Gramall	

Home Address (NC Residential Address.)	City	State	Zip Code
156 red St	Marion	NC	28752

Mailing Address (If different than home address.)	City	State	Zip Code
UNCP P.O Box 6501 one university drive	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Mcdowell	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-2-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Twanda	Renee	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
308 N. Canal St	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910-674-5264	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-5-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Thomas	William	Arthur	

Home Address (NC Residential Address.)	City	State	Zip Code
5006 Willow Oak Dr	Lumberton	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]oter Registration No.: Optional

Phone (optional)

Email (optional): batorthopa@aol.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5006 Willow Oak Dr	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email

Name of Corporation (If appointed legal guardian)

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) — Date

Signature of Near Relative/Guardian (if applicable) — X — Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Thomas	William	Arthur	

Home Address (NC Residential Address.)	City	State	Zip Code
5006 Willow Oak Dr	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		batorthopa@aol.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5006 Willow Oak Dr	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 10/17/18

Signature of Near Relative/Guardian (if applicable) X Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Carter	Willie	L	Jr

Home Address (NC Residential Address): 618 E. 5th St.
City: Lumberton State: NC Zip Code: 28358
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City: Lumberton State: NC Zip Code: 28358
County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

16/4/18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Brewington	Bonnie	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
1005 Davis Bridge Rd	Pembroke	N.	28371

Mailing Address (If different than home address.)	City	State	Zip Code
	Pembroke	N.	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: Y ____ / ____ / ____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Undone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/28/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-4-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
Gipson	Marlin		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
814 B East 11th St Apt B	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

8/10/18 Date

Signature of Near Relative/Legal Guardian (if applicable)

X Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lesane	John		

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
167 #1					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence **Previous Name** (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Leshore	Sabrina	O.	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
209 E. 22nd Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	843-901-6851	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/13/18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Duffy	KEVIN	Paul	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
572 West Blue St.					
City	State	Zip Code	City	State	Zip Code
St. Paul	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
572 W. Blue St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

09/27/2018 *Date* X *Date*

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 247 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Duffy	Kevin	Paul

Home Address (NC Residential Address)	City	State	Zip Code
177 Shaw Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/3/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	Kevin	Paul	[redacted]
Duffy			

Home Address (NC Residential Address.)	**Mailing Address** (If different than home address.)
177 Shaw Rd.	
St. Paul NC 28384	

[redacted] ☒ Yes ☐ No

County of Residence	**Previous Name** (if applicable)	
Robeson		
Voter Registration No.	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	**City**	**State**	**Zip Code**

[redacted] ☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			**Name of Corporation** (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	**Fax Number or Email Address**

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 05/10/18 X _____ _____
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
~~Johnnie~~ Prevatte	Johnnie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5701 N Fayetteville Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Scott	Michael		

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
814 east 11th Street Apt B					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
8			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Burgeess	Asia		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1147 Furman Drive	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/2/2018 X _____

Date Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MIDTERM (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suff
Cantrell	Valerie	Locklear	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
7940 Gaddys Mill Rd	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	704-604-8098	czinghopkel@gmail.com

704-604-8098

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
7940 Gaddys Mill Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (first) (middle) (last) (suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

10-10-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suf
Cantrell	Vivian	Leon	J

Home Address (NC Residential Address.)	City	State	Zip Code
7940 Gaddys Mill Rd	Maxton	NC	28364

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 704-604-8164

Email (optional): Lcantrell79@gmail.com

704-604-8164

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 7940 Gaddys Mill Rd | City: Maxton | State: NC | Zip Code: 28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | City | State | Zip Code

Name of Corporation (If appointed legal guardian) | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (If applicable)

10-10-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Kiana	Paige	

Home Address (NC Residential Address.)	City	State	Zip Code
11702 Silversword Drive	Charlotte	NC	28213

Mailing Address (If different than home address.)	City	State	Zip Code
111 Pembroke Pointe L	~~Charlotte~~ Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/3/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ 10/3/18 Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Don	Christian	

Home Address (NC Residential Address.)	City	State	Zip Code
1605 NC 710 Hwy N	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 2016	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
0000085179229	9107403630	dchavis@uncc.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
9201 University City Blvd., Levine Hall 379	Charlotte	NC	28223

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/17/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Watkins	Mariah	Louise	

Home Address (NC Residential Address)	City	State	Zip Code
139 Grainys Dr	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910) 316-0553	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

9-7-18 X _____
Date Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockhear	Jill	—	

Home Address (NC Residential Address.)	City	State	Zip Code
983 Goins Rd.	Pembroke	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code
N/A			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	252-266-5325	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ Date _____ Date

[redacted] v.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LANGSTON	EDITH	BRITT	

Home Address (NC Residential Address.)	City	State	Zip Code
311 N. VANCE ST., # B	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

ter Registration No.: Optional

Phone (optional): 843.3363

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
311-B N. VANCE ST.	Red Springs	N.C.	28379

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/28/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	AJA	TERRELL	

Home Address (NC Residential Address.)	City	State	Zip Code
5784 HOWELL RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
0000051759[illegible]0-1		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5784 Howell Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/5/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
AROKIASAMY	OLIVIA	RUTH	

Home Address (NC Residential Address.)	City	State	Zip Code
601 W. 28TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1902 Piedmont Ave unit A	Nashville	TN	37216

County of Residence	Previous Name (if applicable)
Davidson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1902 Piedmont Ave Unit A	Nashville	TN	37216

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

~~Requestor's~~ Name: Pennie (First) (Middle) Arokiasamy (Last) (Suffix)

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
601 W. 28th St			
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**
Lumberton	NC	28358	910-734-9915

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X Pennie Arokiasamy 9-28-18
Date

www.NCSBE.gov to check your voter registration or absentee voting status.

EVERSE FOR ADDITIONAL INFORMATION

[redacted]

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General), Municipal, Special, etc.) on May 8, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Arobiasamy	Olivia	Ruth	

Home Address (NC Residential Address): 601 W. 26th St

Mailing Address (if different than home address): 573 East 22nd St. Apt. 4D

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
Brooklyn	NY	11226

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.:

Phone (optional): (910)785-1857

Email (optional): oliviaark@gmail

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
573 East 22nd St. Apt. 4D	Brooklyn	NY	11226

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Nonpartisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (address where you are currently stationed or living overseas):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date: 2/13/18 X

Date:

...ssist you in one of your voter registration or absentee voting duties.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
SNEED	ARTHUR		JR

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 588	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000500501		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Makela		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
60 Turtle Dr	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____	Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
	9105809082	mcraemd2181@marybaldwin.edu

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
318 Prospect Street, Unit Box 323	Staunton	VA	24401

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (required)

10/15/2018
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Madyun	Kaleem		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
211 Baldwin Street	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Roberson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/22/18 X
Date

Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Kennedy	Alice	Elizabeth	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
400 Martin Luther King Jr Drive	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
400 Martin Luther King Jr Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

22 Oct 2020 _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 6 18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Kennedy	Alice	Elizabeth	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
785 Rose Ct	Lumberton	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

13 Aug 2018 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hess	Billy	Allen	

Home Address (NC Residential Address.)	City	State	Zip Code
3886 Atkinson Rd	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence:

Previous Name (if applicable):

[redacted]ter Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3886 Atkinson Rd	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Pamela C Hess

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 3886 Atkinson Rd

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Orrum	NC	28369	910-536-9001	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Pamela C Hess 3/02/18

Date

ov to check your voter registration or absentee voting status.

V2019.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WALKER	SARAH	DESIREE	

Home Address (NC Residential Address.)	City	State	Zip Code
219 CHARMANT RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted] oter Registration No. 8150 9 Optional

Phone (optional):

Email (optional):

RECEIVED
OCT 03 2018
STATE BOARD OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
219 charmant Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X
Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
STOCKS	RUTH	ANNE	

Home Address (NC Residential Address.)	City	State	Zip Code
308 N. KEITH ST.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
308 N. Keith St,	St. Pauls	N.C.	28384

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312674501 NC8W1094889 IVNC

State Absentee Ballot Request Form

North Carolina

Exhibit 4-2-2-2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary, General on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Kennedy	Mae	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1028 Shannon Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
109 Stadium Drive	Chapel Hill	NC	27514

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN: XXX - XX [redacted]

Voter Registration No. (Optional)

Phone (optional): 910-627-6432

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): ~~109 Stadium Drive~~ 103 Crest Dr., Unit A

City	State	Zip Code
Chapel Hill	NC	27514

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Celia Hammond

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☑ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 982 Shannon Rd

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28360	739-9817	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Celia Hammond

Date

[redacted].gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	KENNEDY	SHAE	

Home Address (NC Residential Address.)	City	State	Zip Code
1028 SHANNON RD.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
101 Legacy Terrace, Unit 413	Chapel Hill	NC	27516

County of Residence: Orange

Previous Name (If applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-627-6432	KShae@live.unc.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 Legacy Terrace, Unit 413	Chapel Hill	NC	27516

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign: X [redacted] 10/11/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312685533 NC8W1043723 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Guest	Candice			[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
363 N. Fayetteville Street	P.O. Box 294

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
none	910-858-3013	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/27/18	X	

E.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Bryan	Travis	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
205 Chesmont Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]	Robeson	

	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X _____ 10/24/18 Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/9/18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Crawford	Jamila	Michelle	

Home Address (NC Residential Address.): 520 Maple Leaf Way
City: Lumberton State: NC Zip Code: 28358

Mailing Address (if different than home address.): ~~Lumberton~~
City: State: Zip Code:

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson
Previous Name (if applicable):
Voter Registration No.: 520042-1
Phone (optional): ~~7336~~
Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 520 Maple Leaf Way
City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:
Name of Corporation (If appointed legal guardian):
City: State: Zip Code:
Requestor's Phone:
Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address:

[redacted]

Signature: X [redacted] Date: 10/9/18
Signature of Near Relative/Guardian (if applicable): X _____ Date: _____

[redacted].gov to check your voter registration or absentee voting status.

V2019.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Joyce	Michael	Wayne	

Home Address (NC Residential Address.)	City	State	Zip Code
2996 Jenny St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
c/o Peaceful Pines Campgrou 11907 LA-965	St Francisville	LA	70775

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Roberson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	757-435-5222	MJoyce489@aol.com

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Michael Joyce c/o Peaceful Pines Campgrou 11907 LA-965	St Francisville	LA	70775

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

8/16/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Benson	William		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
191 Kensington St.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1920 Exchange Drive. Apt. 381 Room B	Greenville	NC	27858

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Sara Benson

☐ spouse ☐ brother/sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 191 Kensington St.

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-827-7177	sarabenson94@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date: _____

X [signature] 10/24/18
Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Caldwell	Patricia	Ann	

Home Address (NC Residential Address): 10700 Barker Ten Miles Rd

City	State	Zip Code
St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Campbell	Bonnie	Webb	[redacted]

Home Address (NC Residential Address.): 572 W. Blue St.

Mailing Address (If different than home address.):

City	State	Zip Code
St. Pauls	NC	28384

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 572 W. Blue St.

City	State	Zip Code
St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 5/21/18 *Date*

Signature of Near Relative/Legal Guardian (if applicable) X _____ *Date*

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	[redacted]	Middle Name	[redacted]
Campbell	Bonnie	Webb	

Home Address (NC Residence Address)	Mailing Address (If different than home address.)
572 West Blue St.	

[redacted]	[redacted]	Zip Code	[redacted]	[redacted]	[redacted]
St. Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

[redacted]

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	[redacted]	Middle Name	[redacted]
Campbell	Bonnie	Webb	

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
572 West Blue St.	

City	State	Zip Code	City	[redacted]	[redacted]
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If registered as unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] X _____

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	[redacted]	Middle Name	[redacted]
Campbell	Bonnie	Webb	

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
572 West Blue St.	

[redacted]	[redacted]	Zip Code	[redacted]	[redacted]	[redacted]
St. Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

[redacted] ☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] X _____ _____
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	[redacted]	Middle Name	[redacted]
Campbell	Bonnie	Webb	

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
572 West Blue St.	

[redacted]	[redacted]	Zip Code	[redacted]	[redacted]	[redacted]
St. Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

[redacted] is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] X _____ _____
Date Date

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
MCBryde	Chanika	Danielle		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
304 Saratoga Street	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (WHERE SHOULD THE BALLOT BE MAILED?)

	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/24/17 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
KEMP	William	Anthony	JR	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2241 Norment Rd Lot 97	✓

City	State	Zip Code	City	State
L'ton	NC	2834		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]				

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted] Signature of Near Relative/ Guardian (if applicable)

8-17-18 X
ate Date

heck your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BRAYBOY	JUDY		

Home Address (NC Residential Address.)	City	State	Zip Code
1253 RAEMON RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

~~Absentee Mailing Address~~ (~~Where should the ballot be mailed?~~)	~~City~~	~~State~~	~~Zip Code~~
SAME			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

X [redacted] Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313201545 NC8W1091037 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Chavis	MARIAN		M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3069 Alfordsville Rd.	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]	R		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-30-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Fields	Annie	Drake	Mrs

Home Address (NC Residential Address.)	City	State	Zip Code
1588 McLeod Drive	Maxton	NC	28364

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted] oter Registration No.

Phone (optional): 910-422-3442

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1588 McLeod Drive	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Merriam (First) D. (Middle) Jones (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email
3422 Thorndike Drive	Fayetteville	NC	28311	910-488-3096	mdrakejones@aol.com

Name of Corporation (If appointed legal guardian)

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable) X [signature] Date

[redacted] E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAHAM	RUBY	WALTERS	

Home Address (NC Residential Address.)	City	State	Zip Code
2031 GADDYS MILL RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted] ter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2031 Gaddysmill Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192181159 NC8W1091434 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCINNIS	VIELENA	THOMAS	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
8578 FAIRLEY RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
	Rowland NC	NC	28383

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	VIELENA MC INNIS

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email
Rowland	NC	28383	[illegible]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]

X _____

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Butler	Gloria	W	

Home Address (NC Residential Address.) 3803 NC 130 E
~~3203 Rowland~~ H4

City	State	Zip Code
Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) 910-827-1817 | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (first) (middle) (last) (suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-12 (Date) X _____ (Date)

...ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
MCRAE	HOWARD	N	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
9424 NC130 HWY W	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
9424 NC Highway 130	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000010608	910-674-2350	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
9424 [redacted] NC Highway 130	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-3-18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Miller	Rebecca		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
708 Roberts Ave					
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
9/6/2018 X	
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
OXENDINE	JENIVA	J		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
414 CIRCLE DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No [redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
414 Circle Dr	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09-28-18 (Date) X Earl Oxendine 09-28-18 (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CARTER	JOHNNY	LEVERN	

Home Address (NC Residential Address.): PO BOX 2826

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28359

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): PO Box 2826

City	State	Zip Code
Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] Date: 10/3/18

Signature of Near Relative/Guardian (if applicable): X Date:

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018. *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Elisha		

Home Address (NC Residential Address.)	City	State	Zip Code
307 West DR.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
307 West DR.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

04-30-18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hunt	RM			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
533 Deep Branch Rd.	

City	State	Zip Code	City	State
Lumberton	NC	28360		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-4-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Jacobs	Joe		

Home Address (NC Residential Address.)	City	State	Zip Code
4372 US74 Hwy W	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-25-18 X
Date

Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Pauline		

Home Address (NC Residential Address.)	City	State	Zip Code
150 Offie Jones Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
150 Offie Jones Rd.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Eddie A. Jones Jr.

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 2542 Missouri Rd.

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Maxton	NC	28364	910-521-1074	eddie113jones@hotmail

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] Date

X Connie Lowry Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McINTYRE	Judith	A.	

Home Address (NC Residential Address.)

Mailing Address (If different than home address.) 380 CONTEMPORA DR

City	State	Zip Code
Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Mailing Address (Where should the ballot be mailed?) 380 CONTEMPORA DR

City	State	Zip Code
Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name JAMES (First) C (Middle) McINTYRE (Last)

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address 380 CONTEMPORA DR

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	N.C.	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X James C. McIntyre 10-25-18 Date

[redacted]BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BLUE	LYNELL		

Home Address (NC Residential Address.)	City	State	Zip Code
2531 S. CHICKEN RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
2531 S. Chicken Rd.	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2531 S. CHICKEN Rd.

City: Rowland State: NC Zip Code: 28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only) [redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313190705 NC8W1091666 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hamilton	Wilma	J		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
404 W Leach St	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
POBox 829	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: 09/01/2018

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/27/18 Date

Signature of Near Relative/Guardian (if applicable) X 8-27-18 Date

[redacted]

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McCormick	Danessa	W	

Home Address (NC Residential Address)	City	State	Zip Code
2101 N. McMillan	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
	Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/4/18 X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
ALFORD	FRANK	JUNIOR	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 2864	LUMBERTON	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 2864	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) X [redacted] Date 10-11-18

Signature of Near Relative/Guardian (if applicable) X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312682723 NC8W1042828 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Smith	Bessie	Lillie	[redacted]

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
602 west 28th street					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358		NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-25-18 X _____ _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suff
Butler	Terry		

Home Address (NC Residential Address.): 520 McNeill St.

City: Lumberton **State**: N.C **Zip Code**: 28358

[redacted] Yes ☐ No

Mailing Address (If different than home address.)

City | **State** | **Zip Code**

County of Residence | **Previous Name** (if applicable)

Voter Registration No.: Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: **(Military/Overseas Voters Only)** ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X _____

Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Jackson	Grace		

Home Address (NC Residential Address.)	City	State	Zip Code
5701 N Fayetteville Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Grace Jackson		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McNeill	Vista	M	F

Home Address (NC Residential Address.)	City	State	Zip Code
1803 MLK JR. Drive	Lumberton	NC.	28358

Mailing Address (If different than home address.)	City	State	Zip Code
same	Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-674-6117	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/30/18 X

Date Date

...E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
MORGAN	SHELIA	PREVATTE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
~~PO BOX 57~~ 2424 Rice Rd	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 57	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: obeson

Previous Name (If applicable):

ter Registration No. Optional

Phone (optional): 910-258-5185

Email (optional): shelia_morgan@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 57	Lumberton	NC	28359-0057

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Voter (voter only)

10-18-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
PARKER	EDNA	EARLE	

Home Address (NC Residential Address.)	City	State	Zip Code
280 STEPHENS RD.	ORRUM	NC	28369

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code
569 Collins Dr.	Lumberton	NC	28358

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si[redacted] Signature of Near Relative/Guardian (if applicable)

10-24-18 (Date) _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192183587 NC8W1054427 CVNC

SSN

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Rice	Isolene		

Home Address (NC Residential Address.)	City	State	Zip Code
5701 N Fayetteville Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

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State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Saxon	Anita	D	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1743 Tarheel Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Rhonda (First) K (Middle) Strickland (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
282 Hummingbird Lane				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
St. Pauls	NC	28384		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)		Signature of Near Relative/Guardian (if applicable)	
X _____	Date	X Rhonda K Strickland	8-28-18 Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

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Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Outland	Paul	Thomas	Sr.

Home Address (NC Residential Address.)	City	State	Zip Code
400 M2K Dr Apt 414	Lumberton	NC	28358

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (If applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	S[redacted]
Rockwell	Judy	Glenn	

Home Address (NC Residential Address.)	City	State	Zip Code
4844 S Creek Rd	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 4844 S. Creek Rd. | **City:** Orrum | **State:** N.C. | **Zip Code:** 28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signat[redacted] Signature of Near Relative/Guardian (if applicable)

X _____ X _____ Date

[redacted]

NCSBE.gov if any of the pre-printed information above is incorrect.
Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Saxon	Johnny	H	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1743 Tarheel Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

8-28-18 (Date) X _____ _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hammonds	Mary		

Home Address (NC Residential Address.): 400 MLK Drive Apt. 416
City: Lumberton State: NC Zip Code: 28358

Mailing Address (if different than home address.)
City State Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Margtee Hammonds
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City State Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter: X _____ Date: 9/5/18
Signature of Near Relative/Guardian (if applicable): X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CUMMINGS	LUDALIA	LOCKLEAR	

Home Address (NC Residential Address.)	City	State	Zip Code
4363 N. CHICKEN RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.) | City | State | Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (If applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 4363 N Chicken Rd | City: Pembroke | State: NC | Zip Code: 28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign [redacted]
X 10-4-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313198906 NC8W1058923 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CUMMINGS	ROY	LACY	

Home Address (NC Residential Address.)	City	State	Zip Code
4363 N. CHICKEN RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4363 N Chicken Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10-4-18 Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: 2018 General Election *(Election Type (Primary, General, Municipal, Special, etc.))* _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	D
LOCKLEAR	KIM	M		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
76 AMBAY RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Beson

Previous Name (if applicable):

[redacted] er Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
76 AMBAY Rd	PEMBroke	N C	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10.1-18 *Date*

Signature of Near Relative/Guardian (if applicable) X _____ *Date*

[redacted] E.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	VERONICA	RICHARDSON	

Home Address (NC Residential Address.)	City	State	Zip Code
137 BARBER SHOP RD.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson County

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-521-9312

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Veronica Richardson Locklear	Lumberton	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNDLEY	CAROLINE	OXENDINE	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 1964	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): same as above

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter [redacted]

Signature of Near Relative/Guardian (if applicable)

X

10-12-18 Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV. 6, 20[redacted] *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BURNETT	JEFFREY		

Home Address (NC Residential Address.)	City	State	Zip Code
2227 BEULAH CHURCH RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2227 Beulah Church RD.	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X _____ Date _____

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	WANDA	KAY	

Home Address (NC Residential Address.)	City	State	Zip Code
485 HAYES LOCKLEAR RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
492 Hayes Lockleer Rd	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
492 Hayes Lockleer Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9-28-18 X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313197593 NC8W1059045 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
WOODELL	ESTELL	OXENDINE	Mrs

Home Address (NC Residential Address.): 249 SOLOMN RD.

Mailing Address (If different than home address.):

City	State	Zip Code
PEMBROKE	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

County of Residence: obeson

Previous Name (If applicable):

[redacted]

er Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 249 Solona Road

City	State	Zip Code
Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [X] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [X] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address:

Signature of Voter (voter only) [redacted] Date: 10-1-18

Signature of Near Relative/Guardian (if applicable) X _____ Date: _____

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Loretta		

Home Address (NC Residential Address.)	City	State	Zip Code
1003 Iona Church Road	Rowland	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code
	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ 9-7-18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
LOCKLEAR	DANIEL		

Home Address (NC Residential Address.)
3354 UNION CHAPEL RD

City	State	Zip Code
PEMBROKE	NC	28372

Mailing Address (If different than home address.)
P.O. BOX 2527

City	State	Zip Code
PEMBROKE	NC	28372

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000041223		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Po Box 2527	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: **(Military/Overseas Voters Only)** ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-1-2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
LOCKLEAR	ALICE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3354 UNION CHAPEL RD	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 2527	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000041372		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Po Box 2527	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-1-2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request for North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18. *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Abron	Beverly	Dianna	

Home Address (NC Residential Address.): 2492 Jonesville rd

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-324-6300	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 X

Date Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Blue	James	Douglas		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
609 W Benjamin St	

City	State	Zip Code	City	State	[redacted]
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No If "No," indicate the date of your move: ____/____/____	County of Residence: Robeson	Previous Name (if applicable)	
[redacted]	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
609 W Benjamin	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email Fax Number or Email Address

[redacted] Signature of Voter (voter only) 8/22/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	Pedrice	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
1809 Marion Stage Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: __/__/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1809 Marion Stage Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-15-18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*.

Voter Information

[redacted]

Last Name	First Name	Middle Name	Suffix
Jones	George		

Home Address (NC Residential Address.)	City	State	Zip Code
Hwy 130, 173 Barney Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18 X _____

Date Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	James	Tyrone	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
315 Lennon DR	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 173			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Ondone	9102086562	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/21/18
Date

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Evans	~~Rhett~~ RE Rhunell		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2145 Jonesville Road	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
(optional)	910-610-9890	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Pittman	Annie	Ruth		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
207 Malboro St					
City	**State**	**Zip Code**	**City**	**State**	
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Undone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Malboro St	Fairmont	NC	28340

If voter is registered as ~~*Unaffiliated*~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

8-16-18 X

Date Date

[redacted]E.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	Lowavia		

Home Address (NC Residential Address.): 101 S. Powell St.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)
Phone (optional): 910-374-7361
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 (Date) X (Date)

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Baddy	Saluda	P	

Home Address (~~NC~~ Residential Address.)	City	State	Zip Code
138 Bethesda Church Rd.	Fairmont	N.C.	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

[redacted]dy 8-17-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Baldwin	Tara	Denise	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
P.O. Box 133	400 Market St B Fairmont NC 28340

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 133	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-15-2018 X
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Jeanetris		

Home Address (NC Residential Address.): 1208 S. Walnut St Apt 7C

Mailing Address (if different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence:

Previous Name (if applicable):

Voter Registration No.: [redacted]

Phone (optional): 910-740-1060

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

[redacted]

9/5/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Stephens	Angela			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
200 McDaniel St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
ROBESON	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
ROBESON	910-535-4055	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10/2018	X
Date	Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Mc Nair Harley	Lurena	M	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2215 Bailey	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-628-[illegible]255	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-15-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Hinton-Washington	Carol		

Home Address (NC Residential Address): 206 Mulberry Street
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-740-1420
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 X
Date Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Monroe	Mae	G.	

Home Address (NC Residential Address.): 1191 Turnpike Rd Lumberton

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Sig[redacted]pplicable)

11/6/18 Date X [redacted] Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Jimmy	Lane	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2941 Bragg St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

07/21/18 (Date) X _____ Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Walker	Tarian	Oates	

Home Address (NC Residential Address.)	City	State	Zip Code
100 Wilson Road	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
100 Wilson Road	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	852-0891	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/13/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

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I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McQueen	Angela	A	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
359 Clark Ave			"		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358	"		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)	
[redacted]	oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/29/18 (Date) X [signature] (Date)

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Morris	Kent	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
163 Ralph Hunt	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code
P.O Box 324	Orrum	NC	~~28369~~ 28340

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 324	Orrum	NC	~~28369~~ 28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-30-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
PERRY	WALTER	R	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 PLEASANT VIEW CH RD	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
1000 WESLEY PINES RD APT-145L	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000051581		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
PERRY	WALTER	R	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 PLEASANT VIEW CH RD	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
1000 WESLEY PINES RD APT-145L	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
00000051581		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Powell	Willie	J.	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
600 Leesville Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Fairmont	N.C.	28340	Fairmont	N.C.	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	**County of Residence**	**Previous Name** (if applicable)
	Voter Registration No. Optional	**Phone** (optional) / **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-17-18 X 10-
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Rogers	Mary	Jane	

Home Address (NC Residential Address.)	City	State	Zip Code
115 Industrial Dr.	Fairmont,	NC.	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
115 Industrial Dr.	Fairmont,	NC.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Melvin Rogers

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
115 Industrial Dr.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Fairmont, NC	NC	28340	910-628-6304	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date 3-29-18

w.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name
Rogers	Melvin	Jacob

Home Address (NC Residential Address.)	City	State	Zip Code
115 Industrial Dr.	Fairmont,	NC.	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

er Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
115 Industrial Dr.	Fairmont	NC.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-19-18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
[redacted]	JOANN		

Home Address (NC Residential Address.)	City	State	Zip Code
1123 Bailey Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

08/16/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Rebecca	Connot	

Home Address (NC Residential Address.): 120502 Hwy 41 S

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Columbus

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-17-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** NOV. 4, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	ANTHONY	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
1111 E. 9TH ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		ynot1024@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1111 E. 9th st.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/6/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312678773 NC8W1033041 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
COX	Georgia	E.	

Home Address (NC Residential Address.): 2705 Bailey Rd.
Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-16-2018
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
HATHAWAY	JERRY	Dale	[redacted]

Home Address (NC Residential Address.): 1123 Barley Rd

Mailing Address (If different than home address.):

City	State	Zip Code
FAIRMONT	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. Optional

Phone (optional): 910-628-0441

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

08/16/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bullard	Massie Surfetter			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
13149 Hwy 130 E	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.: Unsure

Phone (optional): 910-416-2868

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (If applicable)

X 9-7-2018
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Paisley	Tina	A.	

Home Address (NC Residential Address): 507 W 18th St
City: Lumberton State: NC Zip Code: 28358
Mailing Address (if different than home address.): same
City State Zip Code
County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No.: Optional
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X (Date)

ww.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
MCARTHUR	MARY	LOU		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 211	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
7368 pleasant hope Rd	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

oter Registration No. Optional

Phone (optional): 910-628-9762

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
7368 pleasant hope Rd.	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-1-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Neill	Doreen		

Home Address (NC Residential Address.)	City	State	Zip Code
106 Delano St	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
106 Delano St	Fairmont	NC	28340

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8/18/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
SMITH	BELINDA	IVEY	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
7104 E RAYNHAM RD	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000054292		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
7104 E. RAYNHAM RD. FAIRMONT, N.C. 28340	FAIRMONT	N.C.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-12-18 Date — X — Date

E.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Moore	Carolyn	Ann		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
~~1661~~ 1012 M.L.K DR	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC.	2834			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1012 MLK DR	Fairmont	NC.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-15-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Coleman	Sabrina		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
400 M.L. King	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18 X

Date Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
EPPS	Charles		

Home Address (NC Residential Address.): 405 Jackson St.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (optional)
Phone (optional): 910-610-5979
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/16 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	S
Stackhouse	Carolyn	Joyce	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
603 Benjamin St.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
304 Cantata Ct. Apt. 104	Reistertown	MD	21136

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
304 Cantata Ct. Apt. 104	Reistertown	MD	21136

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Sylvia (First) Diane (Middle) Granger (Last) (Suffix)

☐ spouse ☒ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email
1776 Hampton Oaks Dr.	Fayetteville	NC	28314	910-273-3603	sgdimplz@yahoo.com

Name of Corporation (If appointed legal guardian):

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date: _____ X Sylvia D. Granger Date: 10/3/18

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Leake	Nathaniel		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
713 Madison	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
713 Madison	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8.17.18 X

Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Santoyo	Rose Mary		

Home Address (NC Residential Address): 1128 Foley Road

Mailing Address (if different than home address.)

City	State	Zip Code
Orrum	NC	28369

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-740-4986

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: R. S. (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 0 Sept 7, 2018 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean	Vilene		

Home Address (NC Residential Address.): 603 W. Phillip St.
Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-374-4626
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-05-18 (Date) X (Date)

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Cummings	Catherine		

Home Address (NC Residential Address.): 129 Suggs Rd

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28360

[redacted] ☐ Yes ☐ No

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/5/18 X
Date Date

www.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Weston	William	B	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
908 M.L.K	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Orange		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
908 MLK DR	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/17/18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Studivant	Jean	Carolyn	

Home Address (NC Residential Address.): 211 M.L. King Dr Neh

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 [illegible] 905	[illegible]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18 X

Date Date

[redacted].gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Townsend	Michael	Doss	

Home Address (NC Residential Address.): 1512 Sprunt

City: Lumberton | State: N.C | Zip Code: 28358

Mailing Address (if different than home address.): 1512 Sprunt

City: Lumberton | State: N.C | Zip Code: 28358-7

County of Residence: Rob

Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First / Middle / Last / Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Wallace	Diana		

Home Address (NC Residential Address.): 707 Madison St.
City: Fairmont State: NC Zip Code: 28340
Lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-740-0196
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 (Date) X (Date)

[redacted]

...w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CI Inman	Calvin	L	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
103 Gertrude St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Gertrude St	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/18/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lawson	James	R	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
501 Franklin Rd St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
501 Franklin St	Fairmont	NC.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/10/18 (Date) X _____ (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	Corey		

Home Address (NC Residential Address): 414 Linden Street

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-316-0522

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date

9-05-18 X

Date

[redacted]

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Arnette	Ruth	E	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
2632 JW Ford					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Fairmont	NC				

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[illegible]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/5/18 X _____
Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Barbara		

Home Address (NC Residential Address): 625 Butler Rd

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: primary on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	MARY	ROSE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1137 J W. RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/2/16
Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
LEGGETT	EARNEST	EUGENE		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1306 MILLER	

City	State	Zip Code	City	State	Zip Code
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-27-18 (Date)	X (Date)

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Watts	Paul	none		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4610 Butler Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
obeson	

ter Registration No.	Phone (optional)	Email (optional)
Optional	910-422-3567	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4610 Butler Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	
Paula Watts McDaniel (First) (Middle) (Last) (Suffix)	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
5178 Butler Rd	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Fairmont	NC	28340	910-736-9777	copperblonde@hotmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
X _____ Date	X Paula Watts McDaniel 10/10/18 Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6 - 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCLEAN	LINDA	FAYE	

Home Address (NC Residential Address.)	City	State	Zip Code
6960 HOWELL RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sig[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]ur voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192175513 NC8W1041206 CVNC

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
BARKER	William	Thomas		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC Driver's or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]				

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-25-18 Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Barker	William	T	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ 3-6-18 Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

Robeson

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Dat
SCOTT	FRANKIE			

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1680 SNAKE RD.					
City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1680 [redacted] Snake Rd.	Lumbe	NC.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ father-in-law ☐ stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)
City / State / Zip Code	Requestor's Phone / Requestor's Email

NC STATE BOARD OF
OCT 12 2018
ELECTIONS & ETHICS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] er registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

3192176160 NC8W1034553 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
DAVIS	JAMES	STEPHEN		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4487 TAR HEEL RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: [redacted]BESON

Previous Name (if applicable):

[redacted] Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 4487 TAR HEEL RD

City: LUMBERTON State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 10-5-18 *(Date)*

Signature of Near Relative/Guardian (if applicable): X 10-5-18 *(Date)*

[redacted].gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

331

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GREENE	FRANCES	AMMONS	

Home Address (NC Residential Address.)	City	State	Zip Code
92 TAR HEEL RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
92 Tar Heel Road	Lumberton	NC	28358

County of Residence	Previous Name (if applicable)
obeson	

ter Registration No.	Phone (optional)	Email (optional)
Optional	910-887-2582	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ X Sandy Greene _____
Date Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MCLEAN	JAMES	EDWARD	

Home Address (NC Residential Address.)	City	State	Zip Code
6960 HOWELL RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] er registration or absentee voting status.

V2018.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192175512 NC8W1041205 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
COUNCIL	MARTEL	WEST	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
318 RUTH RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
318 Ruth Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Morton	Steve		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5701 N Fayetteville Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
SNYDER	RUTH	LYVONNE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
151 WATERVIEW LANE	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
000000080892		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
151 WATERVIEW LANE	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-24-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
DEW	PATRICIA	GROOMS	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1175 BARKER CHURCH RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1175 Barker Church Rd	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000090175		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1175 Barker Church Rd			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Cummings	Kathleen		

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
15666 Lacklear Rd	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days?	County of Residence	Previous Name (if applicable)
☒ Yes ☐ No	Rob	
If "No," indicate the date of your move: / /		

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/28/2018 X

Date Date

[redacted]

to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Meredith		

Home Address (NC Residential Address)
400 Martin L. King Jr Apt 210

City	State	Zip Code
Lumberton	NC	28358

Mailing Address (if different than home address.)

City	State	Zip Code

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

9/05/18 X
Date Date

www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GARRETT	HERBERT	HOWARD	

Home Address (NC Residential Address.)	City	State	Zip Code
384 MARTIN RD.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

ter Registration No.:

Phone (optional): 910-865-5474

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
384 MARTIN RD	SAINT PAULS	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: HERBERT (First) GLENN (Middle) GARRETT (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email
5714 N. SHARON DR.	RALEIGH	NC	27603	919-772-3098	gerrett.glenn@gmail.com

Name of Corporation (If appointed legal guardian):

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10-30-18 *(Date)*

Signature of Near Relative/Guardian (if applicable)

X Herbert Glenn Garrett 10-30-18 *(Date)*

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GARRETT	GLADYS	PARKER	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
384 MARTIN RD.	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

ter Registration No.:

Phone (optional): 910-865-5474

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
384 MARTIN RD	SAINT PAULS	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: HERBERT (First) GLENN (Middle) GARRETT (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 5714 N. SHARON DRIVE

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
RALEIGH	NC	27603	919-696-8342	garrett.glenn@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Voter (voter only) 10-30-18 (Date)

Signature of Near Relative/Guardian (if applicable) X Herbert Glenn Garrett 10-30-18 (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SOSA	SABRINA	MCNEIL L	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
89 DARRELL DR.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	Sabrina McNeill Hernandez

Voter Registration No.	Phone (optional)	Email (optional)
~~Optional~~		

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?)	City	State	Zip Code
89 Darrell Drive	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313199076 NC8W1059987 IVNC

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Vendrick	Carolyn		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
8731 HW 41 N	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]	Signature of Near Relative/ Guardian (if applicable)
8-28-18 (Date)	X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Thompson	Beverly	C over	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
83 Boland Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-738-7697

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 83 Boland Rd

City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-24-18 X

Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	S
Allsbrook	James	Archie	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2292 Chason Rd	Lumber Bridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
ALLBROOKS	JAMES	A	

Home Address (NC Residential Address.)	City	State	Zip Code
2292, Chason Rd	Lumber Bridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ 10-3-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Johnson	Bertha	M :Coy	

Home Address (NC Residential Address.)	City	State	Zip Code
747 Crenshaw Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [X] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-28-18 (Date) X Cynthia Johnson McAllister 10-28-18 (Date)

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	MARY	MARIE	

Home Address (NC Residential Address.)	City	State	Zip Code
289 GARFIELD RD.	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
289 Garfield Road Shannon	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) Mary (Middle) Marie (Last) Bullard (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date _____

Signature of Near Relative/Guardian (if applicable) X _____ Date _____

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 252

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
QUICK	EARLENE	B	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 66	LUMBER BRIDGE	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 66	Lumber Bridge	NC	28357

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(918)359-8213	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 66 Lumber Bridge, NC 28357	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ 10-8-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

w.NCSBE.gov to check your voter registration or absentee voting status.

VERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Allsbrooks	Marie	M		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2292 Chason Rd	

City	State	Zip Code	City	State
Lumber Bridge	NC	28357		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
none		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-27-18	X
Date	Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
ALLSBROOKS	MARIE	MORGAN	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2292 Chason Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumber Bridge	NC	28357			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	**Signature of Near Relative/Guardian** (if applicable)
10-3-18 Date	X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LEWIS	DIXIE	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
3467 CRENSHAW RD.	LUMBER BRIDGE	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910.316.9203

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3467 Crenshaw Rd	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter _____ Date _____

Signature of Near Relative/Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192169067 NC8W1031652 CVNC

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 06, November, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Brady	Charles	Marion	J

Home Address (NC Residential Address.)	City	State	Zip Code
3060 Westminster Road	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
000001100 36	910-738-8081	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3060 Westminster Road	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/23/2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

[redacted]

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Linda	Madden	

Home Address (NC Residential Address.): 10 JO Link Haw Rd APT 3F

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence | **Previous Name** (if applicable)

Voter Registration No. (Optional) | **Phone** (optional): 910-738-0493 | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Thomas	Martin	

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
10301 Hawfield Rd SE					
City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	910-234-[redacted]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date 10-10-[redacted] X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BERRY	SANDRA	GALE	

Home Address (NC Residential Address.)	City	State	Zip Code
135 CASTLE RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
135 Castle Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 10-09-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

Exhibit 42322

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
MOREL	Therese	PAULette		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (If applicable)

You must provide at least one identification number below. (or see instructions).

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9/25/18

X [redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
FLOYD	DANIEL	BERN		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
SAME AS MAILING			

Mailing Address (If different than home address.)	City	State	Zip Code
104 ELMHURST DRIVE	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
104 ELMHURST DRIVE	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: PIETER JOHN MONTEIRO

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☒ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
104 ELMHURST DRIVE				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
LUMBERTON	NC	28358	9107349928	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X [signature]

10/26/18
Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
NAIK	REKHA	SOMNATH	

Home Address (NC Residential Address.)	City	State	Zip Code
5104 WILLOW OAK DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	NA

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-739-9561	naiks50@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5104 WILLOW OAK DRIVE	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name SOMNATH (First) N (Middle) NAIK (Last) (Suffix)

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
5104 WILLOW OAK DRIVE				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
LUMBERTON	NC	28358	910739 9561	naiks50@hotmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)
X Somnath Naik Husband 10/9/18 *(Date)*

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312679453 NC8W1039980 IVNC

Request ID: 78 - 5470

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 05/08/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
LITTLE	DENNIS	F	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
167 T AND P RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
ROBESON	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]	00000110694		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
167 T & P Road Lumberton, N.C. 28358	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name						
	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent	
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law	
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian			

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-14-2018 X
Date Date

[LETTER - MISSING IMAGE]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
LITTLE	DENNIS	F	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
167 T AND P RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000110694		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9-4-2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsboe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Rowan	Pattie	Davis	

Home Address (NC Residential Address)	Mailing Address (If different than home address.)		
102 Rosewood Dr.			

City	State	Zip Code	City	State	Zip Code
Lumberton,	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Nonpartisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig [redacted]

Signature of Near Relative/Guardian (If applicable)

X 10-16-18 _____
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
dove	Mary	cope	

Home Address (NC Residential Address.)	City	State	Zip Code
3140 Hampstead rd	lumberton	nc	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
	9102583684	mlcd@nc.rr.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
395 devonchase #4502	Gallatin	tn	37066

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] your voter registration or absentee voting status.

V2013.11

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (*Election Type (Primary, General, Municipal, Special, etc.)*) on 05/08/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
dove	maxey	gordon	jr

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3140 Hampstead rd	

City	State	Zip Code	City	State	Zip Code
lumberton	nc	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
	9102583683	mgd@nc.rr.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
395 devonchase #4502	Gallatin	tn	37066

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

04/29/2018 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Edwards	Gary	Wayne	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3100 Elizabethtown Rd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-23-18 _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Mid-Term *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/13/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	S
Gibbons	Nancy	Annette	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5209 White Oak Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5209 White Oak Dr.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18 *Date*

Signature of Near Relative/Guardian (if applicable)

X

8/30/2018 *Date*

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV. 6 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
GUTHRIE	JAMES	OLIVER	JR

Home Address (NC Residential Address.)	City	State	Zip Code
5203 CAMELLIA LN.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5203 CAMELLIA LN.	LUMBERTON	NC	28360

NC STATE BOARD OF ELECTIONS & ETHICS
OCT 25 2018

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 10/22/2018 **Signature of Near Relative/Guardian** (if applicable)

Date Date

[redacted] check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

NC STATE BOARD OF

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on NOV. 6
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GUTHRIE	LINDA	COOKMAN	

Home Address (NC Residential Address.): 5203 CAMELLIA LN.

Mailing Address (If different than home address.)

City	State	Zip Code
LUMBERTON	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No. | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5203 CAMELLIA LN.	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

10/22/2018
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

NCSBE.gov to check your voter registration or absentee voting status.

Request ID: 78 - 5471

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 05/08/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
LITTLE	LINDA	S	

Home Address (NC Residential Address.)	City	State	Zip Code
167 T AND P RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]	000000111184		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
167 T&P Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: DENNIS LITTLE

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: T AND P

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
LUMBERTON	NC	28358	910-738-4833	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.): [redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

3-14-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X [signature]

3-14-2018
Date

[redacted]

[redacted]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
LITTLE	LINDA	S	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
167 T AND P RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000111184		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9-4-2018 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JORDAN	MARLA	JOHNSON	

Home Address (NC Residential Address.)	City	State	Zip Code
501 ROSLYN DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
501 Roslyn Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date 10/13/2018

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171961 NC8W1039702 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: 2018 General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) NOV 6, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LAYELL	SAMMY	RAY	

Home Address (NC Residential Address.)	City	State	Zip Code
501 LAKESIDE DR.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-738-1333

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
501 Lakeside Drive	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9-28-18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted] ck your voter registration or absentee voting status.

V2018.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192182511 NC8W1046711 CVNC

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McKee	John	Sasser, III		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5216 McLeod Road	Lumberton	N.C.	28358

Mailing Address (If different than home address.)	City

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions).

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX-[redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5216 McLeod Road	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Clyde Lytton McKee

☑ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 5216 McLeod Road

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	N.C.	28358	910-739-3657	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Clyde L. McKee 5-1-18

Date

...w.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election 2018 (Election Type) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Stone	Margaret	Rinda	

Home Address (NC Residential Address.): 281 Southside Rd.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	N.C.	28360

City: S

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions).

NC License or ID Number:

SSN: XXX - XX - ____

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 281 Southside Rd. Lumberton

City: N.C. State: 28360 Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

☐ spouse ☑ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Name: Steve Stone

Name of Corporation (If appointed legal guardian):

Requestor's Address: 1729 Normont Rd.

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	N.C.	28360	(910)736-0668	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X [signature] 10/28/18

Date

...NCSBE.gov to check your voter registration or absentee voting status.

V2019.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION (*Election Type (Primary, General, Municipal, Special, etc.)*) on 05/08/2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Su
STONE	MARGARET	MARINDA	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
281 SOUTHFIELD RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000112036		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
281 Southfield Rd.	Lumberton	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Charles Stephen Stone

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
1729 Normant Rd.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28360	(910) 736-0618	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-21-18 (Date) X [signature] 4-21-18 (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Ele*

Voter Information

Last Name	First Name	Middle Name
Stone	Margaret	McRae

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
281 South Field Rd.	

City	State	Zip Code	City
Lumberton	N.C	28360	Lumberton

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if appl

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SS#: XXX-XX[redacted]

Voter Registration No. Optional

Phone (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	St
281 South Field Rd.	Lumberton	N

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relatio

Requestor's Name: Charles Stephen Stone

☐ spouse ☐ brother /sister ☐ parent ☐
☑ child ☐ grandchild ☐ stepchild ☐
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1729 Normant Rd.

Name of Corporation (If appointed legal guardia

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	N.C	28360	736-0668	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mai

Fax Number or Email Address

Signature of Voter (voter only)

X _____ Date

Signature of Near Relative/Leg

X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov - 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	D
POWERS	DOROTHY	J		

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 156 - 501 B.T. Rd	LUMBERTON	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code
Lumberton, N.C.		NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]er Registration No.: Optional

Phone (optional): 910 739-1143

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 156	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]E.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
St. Strickland	Joan	—	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
155 Elven Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
[redacted]	739E737	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

[redacted]E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 535 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5/8/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Prevatte	Charles	Norman		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
512 East 18th St.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 3454	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 3454	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Rising	Ruby	Ann		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
7205 NC Hwy 41 N	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	S

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX- [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
7205 NC Hwy 41 N	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	Relationship
Stephen M. Rising	☑ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
7205 NC Hwy 41 N	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	N.C.	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

_____ Date

X Stephen M. Rising 10-29-18 Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
SIMMONS	LAVANCE	HUEY	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4900 INDEPENDENCE DR # 15	LUMBERTON	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000112654		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 Breckenridge	West Monroe	LA	71292

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/15/2018 X _____ _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (Election Type (Primary, General, Municipal, Special, etc.)) on 5/8/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
WANSON	JEFFREY	P	

Home Address (NC Residential Address.)	City	State	Zip Code
3054 WESTMINSTER RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.:

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3054 WESTMINSTER RD	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

4/19/18 (Date) X (Signature of Near Relative/Guardian (if applicable)) (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY *(Election Type (Primary, General, Municipal, Special, etc.))* on 5/8/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
WANSON	LYNN	P	

Home Address (NC Residential Address.)	City	State	Zip Code
3054 WESTMINSTER RD	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3054 WESTMINSTER RD	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

4/19/18 X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

Exhibit 4 2 3 2 2

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Williams	Maxine		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1000 Wesley Pines Rd	

City	State	Zip Code	City	Stat
Lumberton	NC	28358		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Maxine		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd # 116	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WILLIAMS	MAXINE	BARKLEY	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 WESLEY PINES RD., APT. 116	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted] ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1000 Wesley Pines Rd. Apt. 116	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter [redacted] 10-1-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

[redacted] to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Wishart	John	E	

Home Address (NC Residential Address.)	City	State	Zip Code
3580 Rosewood Drive	lumberton	NC	28358

Mailing Address (if different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Cumberland		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

11-14-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sanders	Ronald	S	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
1602 Linden Lane	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
	9108272526	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/9/18 X
Date Signature of Near Relative/Guardian (if applicable) Date

[redacted]

ov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-06-18 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SANDERS	BETTY	JO	

Home Address (NC Residential Address.)	City	State	Zip Code
1602 LINDEN LN.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

[redacted]

ter Registration No.	Phone (optional)	Email (optional)
Optional	910-827-2388	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1602 Linden Lane	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-2018 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS	PHYLLIS	B	

Home Address (NC Residential Address.)	City	State	Zip Code
2208 E. 7TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]ter Registration No.: Optional

Phone (optional): 3848894

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2208 E 7th St	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-3-18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	S
Brady	Mary	C.	[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
3060 Westminster Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000113970	910-738-8081	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3060 Westminster Road	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/2018 X _____

Date Date

CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: [illegible] *Election Type (Primary, General, Municipal, Special, etc.)* on 11/6/[illegible] *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
FISCHER	PATRICK	JOHN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3955 REGENTS ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: [illegible]

Previous Name (if applicable):

[redacted]

oter Registration No. Optional | Phone (optional): | Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3955 REGENTS ST.	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

[redacted]

Number or Email Address

[redacted]

nature of Near Relative/Guardian (if applicable)

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192182443 NC8W1046262 CVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Cain	Helen	Raby		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 2855	Lumberton	NC	28354-3855

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable): Post Office

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter

X [redacted] 10/10/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Idon't know what Type this is (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BARFIELD	NANCY	KELLY	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 697	LUMBERTON	NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.): what is listed

City	State	Zip Code
—	—	—

County of Residence	Previous Name (if applicable)
Robeson	—

Registration No.	Phone (optional)	Email (optional)
Optional		—

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____ Date

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Jeanette	Walters	

Home Address (NC Residential Address.): 426 East 10th St.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-785-7020	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Denver Nc			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/10/18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BURDEN	TIMOTHY	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
606 SNAKE RD., # LT-6	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional): N/A

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312681018 NC8W1040817 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
HILL	THEODORE	W	JR

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1874 SNAKE RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			
Have you lived at this address for more than 30 days? ☐ Yes ☐ No			**County of Residence**	**Previous Name** (if applicable)	
			Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1874 Snake Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No N/A

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [redacted] (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signat[redacted]
X [redacted] 9/29/18 (Date)

Signature of Near Relative/Guardian (if applicable)
X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312681218 NC8W1034919 IVNC

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Hammonds	Thelma	J	

Home Address (NC Residential Address.): 2210 Musselwhite Cir

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
SWAYNE	MILDRED	DOKE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3705 CLIFFRIDGE DR # 5	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
2606 Singletary Church Road	LUMBERTON	N.C.	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000120566		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2606 Singletary Church Road	LUMBERTON	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name BRUCE E. SWAYNE

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
2606 Singletary Church Road			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
LUMBERTON	N.C.	28358	910-618-8840	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/22/18 (Date) X Bruce E. Swayne 10/22/18 (Date)

E.gov to check your voter registration or absentee voting status.

V2013.11

SN

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Radabough	Grace		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5701 N Fayetteville Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Robinson	Beulah	Sherilyn	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1902 Edgewood St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Undone	910-376-3034	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5/8/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Saunders	Ruth		

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28357-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Sheriff Dep on 4/19/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
~~Lorraine~~ Sinclair	LORRAINE	M	

Home Address (NC Residential Address.)	City	State	Zip Code
1811 Lambeth St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1811 Lambeth S	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: [redacted]

Previous Name (if applicable):

[redacted]

Voter Registration No. (if known): [redacted]

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Gregory Sinclair

☐ spouse ☐ brother/sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1811 Lambeth St

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910 474-3091	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4/19/20 X [signature] 4/19/20
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
PARKS	Dorothy	Evette	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1808 Lambeth St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unknown	910 827-9178	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8.17.18 Date — X — Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HODGE	ELEASE	W	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
510 E. 20TH ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
510 E. 20TH ST.	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbce@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McNair	Barbara	Ann	

Home Address (NC Residential Address): 3702-4 Cliffridge Dr.
City: Lumberton State: N.C. Zip Code: 28358
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-674-4730
Email (optional): barmcnair@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-10-1918 Date X _____ Date

www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	D[redacted]
CALLAHAN	SHERRY	MARIE		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3403 POPE CROSSING RD.	3403

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted] | r Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3403 Pope Crossing Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
MORGAN	SANDRA	HARRIS	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2300 MORGAN ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2300 Morgan Street	Lumberton	NC	28358

If voter is registered as *unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

10-4-2018 (Date) X

Signature of Near Relative/Guardian (if applicable)

(Date)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
SINCLAIR	MADELYN	S	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1102 E 10TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000121781		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su[redacted]
SINCLAIR	MADELYN	S	

Home Address (NC Residential Address.)	City	State	Zip Code
1102 E 10TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000121781		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1102 East 10th St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]

X _____ Date 4-3-18

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
JOHNSON	JIMMY	WILTON	JR

Home Address (NC Residential Address.)	City	State	Zip Code
122 SEDGEFIELD DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
122 Sedgefield Dr.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-19-18 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192182305 NC8W1043996 CVNC

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)*) on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Britt	Maurice	Eugene	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1555 Willis Ave.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
←→ 2201 Oak St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Barifeld	Gearldine		

Home Address (NC Residential Address.): 201 East 14st

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 674-4187	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9-14-18 Date

X Date

...E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May [redacted] *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Davis	Charles	Ray	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5701 N Fayetteville Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

[redacted] r living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mayers	Kenneth	D		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5260 Regan Church Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 8-28-18
Date

Signature of Near Relative/ Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
SNYDER	CRAIG	ELLIOTT	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
151 WATERVIEW LANE	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
0000001303460		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
151 WATERVIEW LANE	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-24-18 Date X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
BOYKIN	CECELIA	MCLEOD	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2878 E ELIZABETHTOWN RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000130451		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
8911 Cumberland Ct.	Waxhaw	NC	28173

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/16/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 05/08/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
BOYKIN	CECELIA	MCLEOD	

Home Address (NC Residential Address.)	City	State	Zip Code
2878 E ELIZABETHTOWN RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
891 Cumberland C	Waxhaw, N.C. 28	N.C.	28173

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000130451		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
891 Cumberland Court	Waxhaw,	N.C.	28173

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date 4/15 X [signature] Date

eck your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CUMMINGS	BOBBY		

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 3467	LUMBERTON	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional): 910-740-7483

Email (optional): cummingsbobby@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
29 Bradford P.O. Box 3467	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date: 10-2-2018

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LAWSON	Alton	JEFFREY	

Home Address (NC Residential Address): 702 East Lumberton 20th St

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/10/18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Tyndall	Sandra	B	

Home Address (NC Residential Address.): 1108 East 10th st

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
Lumberton	NC	28358

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation. (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-9-18 (Date) X _____ (Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WARWICK	HOWARD	GARRON	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
176 BOURBON ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

r Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
176 BOURBON ST	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

3192175586 NC8W1034717 CVNC

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
WILSON	MARGARET	BROWN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2004 N WALNUT ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000131233	910 739-2390	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2004 North Walnut Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/25/2018 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
WILSON	MARGARET	BROWN	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2004 N WALNUT ST	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000131233		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2004 North Walnut Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-3-18 X

Date Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Edwards	Henry	Earl	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1555 Willis Ave.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1301 E 9th St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

Date

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
PAUL	LINDA	SHYRILL	

Home Address (NC Residential Address.)	City	State	Zip Code
204 VILLAGE WALK E.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	~~Email (optional)~~
Optional	1-910-738-6951	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
204 Village Walk E	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-15-18 Date

Signature of Near Relative/Guardian (if applicable) X Glen Paul - Son 10-15-18 Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
RICHARDSON	LOUISE	CARTER	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
887 STEPHENS RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X peggy S Carter Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192175617 NC8W1041896 CVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Adams	Deborah	K	

Home Address (NC Residential Address.): 56 Crescent St

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ _____ Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Genera	Sykes	I	

Home Address (NC Residential Address.)	City	State	Zip Code
405 Kindsey Ct	Lumberton	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

oter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)

X Date 10/9/18

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACKWELL	EVELYN	WINDOM	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
220 WARWICK MILL RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
[redacted]		
[redacted]oter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
220 Warwick Mill Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CARTER	REDONNA	JANE	

Home Address (NC Residential Address.)	City	State	Zip Code
752 ROWAN RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/1/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312680467 NC8W1041458 IVNC

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* on _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Nathaniel		

Home Address (NC Residential Address.)	City	State	Zip Code
1112 n Barker St	Lumberton	N.C	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robson	

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [First] [Middle] [Last] [Suffix]

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-18-18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Cain	June	Britt		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
512 Lafayette Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 3698	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]	[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 1751	Junction City	KS	66441

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] **Signature of Near Relative/Guardian** (if applicable)

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
IVEY	ROBERT	CURTIS	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000140431		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ivey	Robert		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. (Optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: all Elections *(Election Type (Primary, General, Municipal, Special, etc.))* **on** ? *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MAYES	DORA	ELOISE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
990 WESLEY PINES RD., APT. E3	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same Address as at the top			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
9-28-18 *Date*	X *Date*

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

ABSENTEE BALLOT REQUEST

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McBryde	Stephanie		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
414 Robin Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date X 10/12/18 _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McKenzie	Kevin	Timothy	[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
742 Pittman Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-316-2313	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered ~~as Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date: [redacted] X K.M. Date:

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
[redacted] FAX: 704-[redacted]
[redacted]@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
STRICKLAND	CHERYL		

Home Address (NC Residential Address.)	City	State	Zip Code
157 Evers Rd	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

oter Registration No. (optional) | Phone (optional): 910-739-9737 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-9-2018 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean-Kesler	Felecia	Ann	

Home Address (NC Residential Address): 512 Happy Hill Rd
City: Fairmont | State: NC | Zip Code: 28340

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional): 910-5354319 | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10Oct18 (Date) X _____ (Date)

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
Charlotte, NC 28231
PHONE: [redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
GREENWOOD	JAMES	W.	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
708 N. CEDAR St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C.	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
/	910-258-3033	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/4/18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BOYKINS	ROOSEVELT		

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 88	LUMBERTON	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code
P. O. Box 88	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 740 8121	stork1090@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P. O. Box 88	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

10-4-2018
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

Form AV-2 (2-2017)

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Harley	James	E.	[redacted]

Home Address (NC Residential Address.): 2140 California Dr.

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-738-2223	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2140 California Drive

City	State	Zip Code
Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Date

v.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	ELLIS	L Ean	

Home Address (NC Residential Address.)	City	State	Zip Code
59 VON ST.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		ellisljacobs@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
59 Von Street	Lumberton	NC	28360-8261

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)	Date	**Signature of Near Relative/Guardian** (if applicable)	Date
X		X	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312685557 NC8W1047092 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	SHERRY	DENICE	

Home Address (NC Residential Address.)	City	State	Zip Code
59 VON ST.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional): Sherryjacobs_2000@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
59 Von Street	Lumberton	NC	28360-8261

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sig[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312685553 NC8W1047095 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Johnson	Dana	C	

Home Address (NC Residential Address.)	City	State	Zip Code
2191 California Dr.	Lumberton	N.C.	28358

Mailing Address (If different than home address.) — City — State — Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) — City — State — Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address — Name of Corporation (If appointed legal guardian)

City — State — Zip Code — Requestor's Phone — Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature — 8/20/18 (Date)

Signature of Near Relative/Guardian (if applicable) X ____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Lessane	Patricia	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
2108 Nevada Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

8-20-18 *Date* X _____ *Date*

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suf
EVANS	MIA	C	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
523 E 10th St.	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	336-4029	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Neill	Clarence	W	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
106 Delano St	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Orojona		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
106 Delano St	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/18/18 Date

X

Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Peguise	Gloria		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
103 Minnesota Ct	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Rob	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08-20-18 Date

X _____ Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McCall	Earnestine	H.		[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
2180 Nevada St.	

City	State	Zip Code	City
Lumberton	N.C.	28358	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: __/__/__

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-740-9553	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2180 Nevada St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-6-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McBroom	Angela	T	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
240 Kentucky Cir	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Rob	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X 8-20-18

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Thompson	Darnell	Junior	[redacted]

Home Address (NC Residential Address.): 83 Boland Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-738-7697	djt.0622@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 83 Boland Rd

City	State	Zip Code
Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☒ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-24-18 Date X Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Floyd	Rudolph		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd #123	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Mitchell	Cora	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
508 E. 9th St.	Lumberton	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional): 910-474-8023 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-8-2018 (Date) X _____ (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
Sutton	Mary	A	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
715 E. 10th Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 73	985 85

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

08-10-2018 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Barnette	Cathy	L	

Home Address (NC Residential Address.): 2170 California Dr.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	N.C.	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (If applicable)

8/20/18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Gray	Gracie	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
50 Crecent	Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ X _____ _____
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suff
Nichols	Kina	Ann	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
613 E 10th Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-258-3592	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Ernestine	H.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3507 Hillcrest Dr. Apt A	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 540	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: James E. Jones

☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code
3507 Hillcrest Dr.	Lumberton	NC	28358

Name of Corporation (If appointed legal guardian):

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

(X) James E Jones 10/23/18

Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted]
PHONE: 704-336-2133 [redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Whitted	Sandra	Kay	

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1959 Bee Gee Rd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-740-6215	sandrakay1999@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 (Date) X _____ (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chapman	Fred	J	Jr

Home Address (NC Residential Address.)	City	State	Zip Code
295 Gardenia Dr	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
(optional)	910774-2468	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-15-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 4, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
CRump	Jessie	Baldwin	[redacted]

Home Address (NC Residential Address): 2230 McPhail Rd. Apt 3B

City	State	Zip Code
Lumberton	N.C.	28358

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: __/__/____

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ child ☐ son-in-law ☐ brother/sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

Date

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Crump	Sarah	Mae		[redacted]

Home Address (NC Residential Address.): 2230 McPhail RD. APT 7B

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City:

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-09-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Dockery	Hayland	Lavella		

Home Address (NC Residential Address.)	City	State	Zip Code
74 Conaster DR.	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
74 Conaster DR.	Parkton	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-316-8376

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable) X Hayland L. Dockery Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State/Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	Estella		

Home Address (NC Residential Address.): 145 Arnette Street

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
Lu		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
		estellefloyd1@ychoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
145 Arnette Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/16 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	William	O	

Home Address (NC Residential Address.): 147 Arnett St.

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-783-9861	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GREEN	MARY	LINDA	

Home Address (NC Residential Address.)	City	State	Zip Code
6695 E. GREAT MARSH CHURCH RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	912-224-0918	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6695 East Greatmarsh Church Road	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

10-5-2018 X
Date

Signature of Near Relative/Guardian (if applicable)

_____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cassidy	Dorothy		

Home Address (NC Residential Address.): 400 MLK Drive Apt. G15
City: Lumberton State: NC Zip Code: 28358

Mailing Address (if different than home address.)
City: State: NC Zip Code:

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X _____ (Date)

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Cassidy	Dorothy	Faye	

Home Address (NC Residential Address.): 400 MLK Drive Apt. G15

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted] ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/2/18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brown	Barbara	Clemons		[redacted]

Home Address (NC Residential Address.): 2027 Eastwood Terrace

City: Lumberton | State: N.C. | Zip Code: 28358

Mailing Address (If different than home address.)

City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Options

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/9/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McLaurin	Mildred		

Home Address (NC Residential Address): 207 W. 17 st. Lyon, NC.

Mailing Address (if different than home address.)

City	State	Zip Code
	NC	28358

[redacted] Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): [redacted]

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-22-18 X

Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2019.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
POWELL	HATTIE	MAE	

Home Address (NC Residential Address.)	City	State	Zip Code
529 SWANN DR	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000161579		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
529 Swann Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Frankie E Powell

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
529 Swann Drive	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-738-8961	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date		Date
	X Frankie E Powell	11-12-18

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Milton	Owen	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
113 Leggett St.	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: __/__/__

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910 738-2805	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
113 Leggett St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/6/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Stephens	Malissah			

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
STEPHENS	MALISSAH	DIANNE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 HOPE LN	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000161795		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] gnature of Near Relative/Legal Guardian (if applicable)

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Morrison	Sammy	JR	

Home Address (NC Residential Address.)	City	State	Zip Code
110 Front St	Lumberton	N.C.	28358

Mailing Address (If different than home address.)	City	State	Zip Code
110 front St	Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910536	192[illegible]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/17/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OWENS	DARLENE	ELIZABETH	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
510 E. 8TH ST.					
City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACKMON	MARY	ALICE	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 3694	LUMBERTON	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence: Robeston

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): PO Box 3694

City: Lumberton State: NC Zip Code: 28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/5/18 X

Date

Signature of Near Relative/Guardian (if applicable)

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Gerald	Mary	L.		[redacted]

Home Address (NC Residential Address)	City	State	Zip Code
1900 Berry St. Lumberton	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
	Lumberton NC.	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: 10,9,2018

County of Residence	Previous Name (if applicable)
Robeson Co.	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-9-2018 X [signature] (Date) _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
URBAN	TAWANA	L	

Home Address (NC Residential Address.)	City	State	Zip Code
2886 UNION CHAPEL RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?)	City	State	Zip Code
2886 Union Chapel Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	10-1-18	X	

v.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Cromartie	Micheal	Anthony	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3604 Cliffridge Dr.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 671-1496	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/7/19 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8 2018. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
SAMPSON	Laura	B.	

Home Address (NC Residential Address.)	City	State	Zip Code
307 West DR	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
307 West DR.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

4-30-18 **Signature of Near Relative/Guardian** (if applicable)

X _____ _____
Date

r registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cromartie	Jacqueline	Stephens	

Home Address (NC Residential Address.): 1504 Kenny Biggs Rd

Mailing Address (If different than home address.): "

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
"	"	"

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: "

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	9107393124	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Fulmore	Barbara	A	

Home Address (NC Residential Address.)	City	State	Zip Code
1480 Kenny Biggs Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
" "	" "	" "	" "

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	2104743188	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-2018 X
Date Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
DOCKERY	WILLIAM		JR

Home Address (NC Residential Address.)	City	State	Zip Code
400 N. ML. KING JR DR., APT. 302	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	28358

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
400 N. M. L. K. Jr. DR	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	D
SEAL	KENNETH	FREDERICK	JR	

Home Address (NC Residential Address.)	City	State	Zip Code
111 CHARLES ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
111 Charles ST	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	9-30-18	X	

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
HAYES	JESSIE	CRAIG	JR

Home Address (NC Residential Address.): 401 W 19TH ST

Mailing Address (If different than home address.)

City	State	Zip Code
LUMBERTON	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
000000180162		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
HAYES	CATHY	LYNN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
401 W 19TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000180175		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
SEAL	JANICE	MCKNIGHT	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
111 CHARLES ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted] ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
111 CHARLES STREET	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

Exhibit 4 2322

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on NOV 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	Betty	J	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

ty	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9/25/18 (Date) X ____ (Date)

gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	~~Ruby~~ Betty		

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines #123	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

.gov to check your voter registration or absentee voting status.

V2013.11

SSN

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Kinlaw	Anne	S.	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5701 N Fayetteville Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
BRITT	JOYCE	CAULDER	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
606 CARTHAGE RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
606 CARTHAGE RD.	LUMERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

oter Registration No.	Phone (optional)	Email (optional)
0000180619	910-520-5101 910-827-9246	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Joyce Britt/2661 Coastal Shores Rd SW	Supply	NC.	28462

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	Relationship
Phyllis Caulder	☐ spouse ☑ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Phyllis Caulder 10/26/18
Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Slagle	Harold		

Home Address (NC Residential Address.)	City	State	Zip Code
1555 Willis Ave.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1602 N Barker St	Lumberton	NC	28358

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X

Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Gloria		

Home Address (NC Residential Address)	City	State	Zip Code
315 W ~~315 W~~	Lumberton	NC	28358

Mailing Address (if different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Original		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-10-2018 X _____
Date Date

[redacted]

...w.NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	WADE		

Home Address (NC Residential Address.): 315 W 21st Street
City: Lumberton State: NC Zip Code: 28358
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9-10-2018 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dore	Mary	E.	

Home Address (NC Residential Address)	City	State	Zip Code
2505 N. Barker Street	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
BIGGS	JANIS	BOLTON	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2900 N SHAW AVE	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000181066		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2900 N. Shaw Avenue	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Murchison B. Bissa

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
703 Sibley Rd.	—

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton, NC		28358	910-739-8057	mbbiggs@gmail.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X [signature] 10/18/2018 Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election (Election Type (Primary, General, Municipal, Special, etc.)) on May/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bliss	Gary	Bolton		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2900 Shaw Avenue	Lumberton	NC	

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2900 Shaw Avenue	Lumberton,	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Murchison B. Bliss

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
703 Sibley Rd.			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-739-8057	[redacted]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Murchison B. Bliss 4/23/2018

Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
PREVATTE	STEPHEN	ALAN	

Home Address (NC Residential Address.)	City	State	Zip Code
108 WEST 24TH ST.	LUMBERTON	NC	28358

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-'18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Luxton	Clara	Margaret	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9-25-18 X
Date

Date

gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Luxton	Clara		

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Stephenson	Mary	Ellen	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1000 Wesley Pines Rd	

City	State	Zip Code	City
Lumberton	NC	28358	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?): 1000 Wesley Pines Rd

City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Ella S Lanier

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 508 Riverside

Name of Corporation (if appointed legal guardian): —

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	9105479240	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X Ella S Lanier 10/29/18

Date

Date

www.NCSBE.gov to check your voter registration or absentee voting status.

V2018.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Stepheson	Mary		

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd # 139	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
BATTEN	ROBERT	CECIL	JR

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E FOURTH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 588	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000190082		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Batten	Robert		JR

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
Billings	Annie	B.	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
			305 South Patterson St.		
City	State	Zip Code	City	State	Zip Code
Maxton	N.C.	28364	Maxton	N.C.	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
305 South Patterson St.	Maxton	N.C.	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Cynthia Jones

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
305 South Patterson St.			
City	State	Zip Code	Requestor's Phone	Requestor's Email
Maxton	N.C.	28364		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-24-18 X Cynthia Jones 10-24-18
Date Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lane	Cheryl	Alane	

Home Address (NC Residential Address.): 207 E 14th st Apt 106

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	N.C	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional):

Phone (optional): 910-583-6823

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 207 E 14th st

City	State	Zip Code
Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [First] [Middle] [Last] [Suffix]

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BLUE	WILLIE	LEACH	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
315 CATTLE RD., # 8	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
315 CATTLE RD Lot #8	Lumberton	N.C	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (optional)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Davis	Eddie	Lee		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
243 Mcgirt Rd	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 09/05/18 (Date)	X (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
DAVIS	EDDIE	LEE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
243 MCGIRT RD.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-27-18 X _____ _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	La Ruth		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
320 N. Patterson St.	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Options

Phone (optional): 910-501-9306

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] -23-2018 Date	X _____ Date

[redacted]

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Morrison	Olinda	Fairley		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
431 Croom Rd	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Ordone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter or child)

8-23-18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Buie	Aileen			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
209 N. First St	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-390	9105

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 2 24 18	X
Date	Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Gilmore	Elizabeth	O'Neal		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
598 NC Hwy 71 N	

City	State	Zip Code	City	State
Maxton	NC	28364		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	Elizabeth O. McLaughlin

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-844-3112	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] Date	X 8/24/2018 Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	JEFFREY	O	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 934	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. box 934	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	JAMES	RONNIE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 934	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted]

oter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. box 934	maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (vote

Signature of Near Relative/Guardian (if applicable)

X _____ _____ Date

[redacted]

our voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
MCBRYDE	WILLIE LEATHA	COUSAR	

Home Address (NC Residential Address.)	City	State	Zip Code
310 N HOOPER ST	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000191307		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
MCDUFFIE	EVA	M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
699 W COTTINGHAM ST	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
SAME AS Home Address			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000191364	910 8445107	N/A

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
699 West Cottingham St	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ _____

Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McGirt	Bessie	Mae		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
421 NC Hwy 71 N	Maxton	NC	28

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 8/24/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAPMAN	GLORIA	M	

Home Address (NC Residential Address.)	City	State	Zip Code
304 N. 1ST ST.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4806 Stony Falls Way	Knightdale	NC	27545

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-7-18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X *(Date)*

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pipkin Sr	Ernest Lynn		Jr

Home Address (NC Residential Address.)	City	State	Zip Code
306 Murphy St	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date 9/22/2018

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Pipkin	Minnie	Evelyn	

Home Address (NC Residential Address.)	City	State	Zip Code
306 Mundy street	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robson	

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-844-4232	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-22-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Thompson	Maggie	Lean		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Wells Ct	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Online

Phone (optional): 910-390-4049

Email (optional):

ty	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted] 8/24/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Watson	Annie	Ruth		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
110 McLeod St	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) 110 McLeod St. | **City** Maxton | **State** N.C. | **Zip Code** 28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-20-18 X
Date Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
WILKERSON	ELLEN	MCRAE		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
404 SHOE HEEL ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)	
Robeson		
[redacted]er Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WILKERSON	WILLIAM	CROOM	

Home Address (NC Residential Address.)	City	State	Zip Code
105 N. ELM ST.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
CLARK	EARLENE		

Home Address (NC Residential Address.)	City	State	Zip Code
9573 GADDYS MILL RD	MAXTON	NC	28364

Mailing Address (if different than home address.)	City	State	Zip Code
Same - 9573 Gaddy's Mill Road	Maxton	N.C.	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000192346		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
9573 Gaddy's Mill Road	Maxton	N.C.	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-20-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
BOWEN	HAZEL	CLARK	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
9494 GADDYS MILL RD	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000192363		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
9494 Gaddys Mill Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-12-18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 05/08/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
BOWEN	HAZEL	CLARK	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
9494 GADDYS MILL RD	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000192363		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
9494 Gaddy's Mill Road	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-30-18 X _____ _____
Date Date

E.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
BETHEA	Frances Bethea			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
581 Bethea Rd	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: 5/7/18

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-844-[illegible]	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-23-18 Date	X Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
SMITH	ROBERTA		

Home Address (NC Residential Address.)	City	State	Zip Code
402 S. AUSTIN ST., APT. 3D	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
402 S. Austin St, APT. 3D	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10/13/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____
Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HARRIS	CARL	GLENN	Mr

Home Address (NC Residential Address.)	City	State	Zip Code
3967 RED HILL RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3967 Redhill Rd.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9/8/17 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McLaurin	Donald	Carey		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
323 E. Wilmington St	

City	State	Zip Code	City	State	
Maxton	NC	28364	Maxton	NC	28

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

8-24-18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
SMITH	BETTY	COWEY	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2861 MORRISON RD.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (If applicable)

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2861 Morrison Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date

[redacted] your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRUCE	TONI	BREEDEN	

Home Address (NC Residential Address.)	City	State	Zip Code
394 BENJAMIN RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
394 Benjamin Rd.	Maxton	N.C.	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192178768 NC8W1050669 CVNC

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McGirt	Eddie	Lloyd	MR	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
307 Scotland St.	

City	State	Zip Code	City	State
Maxton	NC	28364		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Online	910-844-9204	

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign[redacted]	Signature of Near Relative/Guardian (if applicable)
8/23/18 Date	X Date

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: all Types of Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 10/1/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
GEORGE	EVA	CATINA	

Home Address (NC Residential Address.)	City	State	Zip Code
502 E. MCCORMICK ST., APT. 3G	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
SAME	SAME		

County of Residence	Previous Name (if applicable)
SAME	SAME

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-474-8128	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1278 Miller Rd.	Fmont	NC	28340 (28384)

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Nellie Mae GEORGE (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
502 East McCormick St. Apt 3G	Dial Family Care Enterprise II		

City	State	Zip Code	Requestor's Phone	Requestor's Email
Rowland	NC	28383	910-474-8128	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/1/2018 (Date) X

Signature of Near Relative/Guardian (if applicable) _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
Non-partisan

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McNeill	Melissa		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
285 Harnll Road Lot#1	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

08/30/2018 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Gowen	Cathy	Denise	

Home Address (NC Residential Address.): 319 Church St

Mailing Address (If different than home address.):

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	2835

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. Optional

Phone (optional): 910-733

Email (optional): 2655

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 8-15-2018

X [redacted] Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Govan JR.	Charlie			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
319 Church St	Lumberton	N.C	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 736 4287	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/15/18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
COLLINS	JO ANN	MCPHATTER	

Home Address (NC Residential Address.)	City	State	Zip Code
845 S. BROAD RIDGE RD.	ORRUM	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
845 S. Broadridge R.D.	Orrum	N.C.	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: JO ANN M. COLLINS (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
Jo Ann Coll 825. S. Broad Ridge Rd	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Orrum	NC	28369	910 738-6083	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter	Date	Signature of Near Relative/Guardian (if applicable)	Date
	10-8-18	X	

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Walters	Peggy	A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
910 Magnolia Way #24	Lumberton	N.C.	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910 618-0899	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-24-2018 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
ROBINSON	ANN	LILLIAN	

Home Address (NC Residential Address.)	City	State	Zip Code
1945 BARNESVILLE CHURCH RD.	ORRUM	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1945 Barnesville Ch. Rd.	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

9/29/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
BREWINGTON	JERRY	ONTARIO		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2435 GLENN ROAD	PARKTON	NC	28371

Mailing Address (if different than home address.)	City	State	Zip Code
JerryBrewington@yah[redacted]	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
ROBESON	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

9-28-18X
Date

Signature of Near Relative/Guardian (if applicable)

Date

[redacted] to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 - - FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Bryant	Eddie	Marcus	

Home Address (NC Residential Address.)	City	State	Zip Code
1060 Davis Bridge Rd	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-28-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28302-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Brown	Robert	Earl

Home Address (NC Residential Address.)	City	State	Zip Code
167 Teds Rd.	Parkton	NC	28371

Mailing Address (if different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-12-18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Parlow	Vicky	Gail	

Home Address (NC Residential Address)	City	State	Zip Code
1013 6th	Lumberton	NC	28277

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10-16 Signature of Near Relative/Guardian (if applicable)

10-16 X 10-

Date Date

v.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BUDD	CHARLES	RANDALL	

Home Address (NC Residential Address.)	City	State	Zip Code
2227 BALLANCE FARM RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2227 Ballance Farm Road	St. Pauls	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature** [redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Oct. 3, 2018 (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Justice	MARY	SUE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
81 Chestnut ST	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	9/0 751 2057

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
[illegible] 55		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8 27 2018X
Date

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Su
JUSTICE	SARA	RIDDLE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1888 W PARKTON TOBEMORY RD	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. BOX 237	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000210531		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 237	Parkton	N.C	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name							
Keith Folks	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent		
	☐ child	☑ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law		
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian				

Requestor's Address	Name of Corporation (If appointed legal guardian)
P.O. Box 237	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Parkton	N.C.	28371	Cell 273-4424	

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X Keith Folks 10-16-18 Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 6 Nov. 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
SCOTT	MYRNA	S	

Home Address (NC Residential Address.)	City	State	Zip Code
~~PO BOX 907~~ 512 N. Fayetteville St.	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 907	Parkton	NC	28371-0907

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	N A

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 907	Parkton	NC	28371-0907

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature	Date	Signature of Near Relative/Guardian (if applicable)	Date
	27 Sept. 2018	X	

[redacted]

E.gov to check your voter registration or absentee voting status.

[redacted]

SE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McMillan	Gerald	Vincent		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
195 Knapdale Rd	

City	State	Zip Code	City	State	Zip Code
Lumberbridge	NC	28357			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910) 987-2408	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Add[redacted]ing overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/29/18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

v to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCMILLAN	GERALD	VINCENT	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 30	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 987-2408	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 30	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

X _____ Date _____ Date

[redacted] to check your voter registration or absentee voting status.

[redacted] ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
OXENDINE	TELFORD		

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 588	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000220150		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name *	First Name *	Middle Name	Suffix	Date of Birth
Bullard	Annie	Ruth		[redacted]

Home Address (NC Residential Address.) *	Mailing Address (If different than home address.)
3109 N. Chicken Road	

City *	State *	Zip Code *	City	State
Lumberton	NC	28360		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Options	910-522-0508	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Cynthia		

Home Address (NC Residential Address.)	City	State	Zip Code
444 Whistling Rufus Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson Coun	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X -			donangel@bellsouth.net

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
444 Whistling Rufus Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10/22/2018 Date	X Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Geraldine	J.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
P.O. Bx. 805	Pembroke	NC.	28372

Mailing Address (If different than home address.)	City	State	Zip Code
480 University	Pembroke	N.C.	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

08.22.18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
DIAL	MAUREEN	X	—

Home Address (NC Residential Address.)	City	State	Zip Code
124 STANLEY ST.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
124 Stanley St.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

v.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Lodhi	Robbie	S.	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
342 Albert Rd	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
342 Albert Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

NC Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PREVATTE	SHEILA	J.	

Home Address (NC Residential Address): 108 WEST 24TH ST.
City: LUMBERTON State: NC Zip Code: 28358

Mailing Address (if different than home address.)
City State Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-7-'18 X
Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
EBERT	ELEANOR	LEWIS	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 WESLEY PINES RD # APT-110	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000220732		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

3/9/2018 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
EBERT	JAMES	BOYER	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1000 WESLEY PINES RD # APT-110	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
00000220733		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 5/9/18 X
Date

[redacted] ck your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

State Absentee Ballot Request

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Harris	Jill	J.	

Home Address (NC Residential Address)
101 Corinth Rd

Mailing Address (if different than home address)
P.O. Box 1802

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Initial) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X _____ Date _____

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Peggy L. Hunt (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	PEGGY	L	MS.

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
120 ETTA DR.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 521-3572	PJHunt910@Gmail.Com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
120 Etta Drive	Pembroke	N.C.	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Judy	Bullard	

Home Address (NC Residential Address.): 1932 Whistling Rufus Rd.

Mailing Address (If different than home address.)

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/27/18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	BRENDA	CAROL	

Home Address (NC Residential Address.)	City	State	Zip Code
101 JERNIGAN RD.	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 Jernigan Road	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date

[redacted] your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313199105 NC8W1056985 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
DEMORY	ALISA	ANN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1554 LOCKLEAR RD.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-4-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]w.NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Wayne	K	

Home Address (NC Residential Address.)	City	State	Zip Code
342 Albert Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-27-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	CLYDE	LEWIS	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 127	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P. O. Bx. 127	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-28-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313195603 NC8W1060282 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	LORI	ANN	

Home Address (NC Residential Address.)	City	State	Zip Code
11973 DEEP BRANCH RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9/27/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Laury	Cassie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
592 Corinth Rd.	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 42 S2

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	RANDY		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1268 FAITH RD.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 521-0794	

Absentee Voting Information

~~Absentee Mailing Address~~ (Where ~~should~~ the ballot be mailed?)	~~City~~	~~State~~	~~Zip Code~~

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

(9-24-2018) _____

Date Date

BE.gov to check your voter registration or absentee voting status.

[redacted]

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	WALTER	DAVID	

Home Address (NC Residential Address.)	City	State	Zip Code
127 BRITTONS FARM DR.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
127 Britton Farm rd.	Pembroke	N.C	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (optional) _____ Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	FRAN	CHAVIS	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1319 ALBERT RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372			

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1319 Albert Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Edith	Lowery	[redacted]

Home Address (NC Residential Address.): 505 N Jones St

City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (if different than home address.): PO Box 1213

City: Pembroke | State: NC | Zip Code: 28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: __/__/__

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Address) (Email) (Phone)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-13-18 X

Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
732 of 2821

PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Strickland	Reggie		Sr.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
505 N Jones St	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
PO Box 1213	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10/18/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X Edith Lovery Strickland 10-13-18 (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Woriax	Kathy	Karol		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
PO Bx. 3416	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (If applicable)
Rob.	Kathy Sanderson

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910) 740-5512	kkws1963@hotmail.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 2/27/18 (Date)	X (Date)

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

Effective 12.1.22

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
~~Constance~~ Jacobs	Constance	Oxendine		[redacted]

Home Address (NC Residential Address)	City	State	Zip Code
512-A Breece St.	Pembroke	N.C.	28372

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional): [redacted]

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/8/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: whichever (Election Type (Primary, General, Municipal, Special, etc.)) on Date (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
CUMMINGS	HUMPHERY	DALE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
404 BARKER ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BREWINGTON	LILLIAN	D	Ms

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 1151	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
1760 Hwy 710S	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable): N/A

[redacted]ter Registration No.: Optional

Phone (optional): 734-2501

Email (optional): lillianbrewington@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 1151 Pembroke NC 28372	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Graham	Janet		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
376 Eddie Sampson Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360	Lumberton	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Su
KERNS	ANNIE	SUE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
79 ROBIN RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000230621		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
79 Robin Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Samuel Kerns
☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 79 Robin Road

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-301-7479	skerns002@nc.rr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5/8/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Kerns	Annie	Sue

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
79 Robin Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
79 Robin Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Samuel Kerns

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 79 Robin Road

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-739-8772	skerns002@nc.rr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Samuel Kerns 4/8/18

Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
KERNS	SAMUEL		

Home Address (NC Residential Address.)	City	State	Zip Code
79 ROBIN RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000230623		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
79 Robin Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date _____

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5/8/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Kerns	Samuel		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
79 Robin Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
79 Robin Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Samuel Kerns

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address: 79 Robin Road

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-739-8772	skerns002@nc.rr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4/18/18 Date

X

Date

.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Darlton	Roscoe	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
8673 Deep Branch Rd	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
8673 Deep Branch Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-13-15 X _____
Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
JACOBS	MARY	L	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
702 ROBERTS AVE	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 466	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000230736		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
310 E Wardell Dr.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/18/18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWERY	FLORA	ACOSTA	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 683	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable)
X Flora Acosta Lowery 9-28-18
Date

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Revels	Bobbie	A	[redacted]

Home Address (NC Residential Address.)

Mailing Address (if different than home address.) PO Box 2354

City	State	Zip Code

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Rob.

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional): 910-740-9341

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-8-17 X

Date Date

gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Sampson	Edith	Ann	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
346 Eddie Sampson Rd	346 Eddie Sampson R[redacted]

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360	Lumberton	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 521-0423	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SAMPSON	EDITH	ANN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
346 EDDIE SAMPSON RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as Above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted] 10-1-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312683574 NC8W1045983 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Woods	James	Harold	Mr

Home Address (NC Residential Address.)	City	State	Zip Code
405 Pine Street	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 3129	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/____

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910)521-4317	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/21/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Woods	Rosa		My [redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
405 Pine Street	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 3129	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): (910) 521-4317

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Si[redacted] 8/21/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
~~Corliss~~ Freeman	Corliss	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/13/18 (Date) X ___ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dyendine	Joan		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
112 Nolies Dr.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
er Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
112 Nolies Dr.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

4-29-18 *Date* X _____ *Date*

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	JOAN	~~X~~ NONE	

Home Address (NC Residential Address.)	City	State	Zip Code
112 NOLIES DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
112 Nolies Dr.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-15-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/20[redacted] (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	FREDDIE	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
4137 MOSS NECK RD.	PEMBROKE	NC	28372

[redacted] ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4137 MOSS NECK RD.	PEMBROKE	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Myrna		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2050 Canal Rd.	(Same As)

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	521-0195	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/18/18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
STRICKLAND	THERESA	LOCKLEAR	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 1153	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: obeson

Previous Name (If applicable):

[redacted]

ter Registration No.: Optional

Phone (optional): (910) 374-6581

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

[redacted]

Number or Email Address

Si[redacted]nature of Near Relative/Guardian (if applicable)

C[redacted] Date

V20[redacted]stration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33313196016 NC8W1060209 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRAYBOY	SUE	ANN	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 2461	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 2461	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date 10-14-18

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov - 6 - 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	MARSHALL	CARLYLE	

Home Address (NC Residential Address.)	City	State	Zip Code
240 MARCUS RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
240 Marcus Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-28-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Locklear	Kathleen	Maynor		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
108 Barker St	P.O. Box 1843

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Mailing Address (Where should the Ballot be Mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 8-29-18

Signature of Near Relative/Guardian (if applicable) X _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Flowers		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1122 Canal Rd.	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	LOUANN		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2758 WHISTLING RUFUS RD.					
PEMBROKE	State: NC	Zip Code: 28372	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date _____

Signature of Near Relative/Guardian (if applicable)
X Camma L Morgan 10/3/18
Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Wanda	Kay	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
209 Ruth Dial St.	Apt. 19

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/8/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jacobs	Reba			[redacted]

Home Address (NC Residential Address.): 588 Goins Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Pembroke	NC	28372

City	State	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-6-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Teresa		

Home Address (NC Residential Address)	City	State	Zip Code
654 Goins Rd	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code
same			

County of Residence	Previous Name (if applicable)
Scotland	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	852-2176	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
654 Goins Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-7-18 (Date) X _____ (Date)

[redacted] w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockhear	Lynn		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
942 Goins Rd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/7/18 X
Date Date

[redacted]

v.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Teresa		

Home Address (NC Residential Address): 1733 Melinda Rd
City: Pembroke State: NC Zip Code: 28372
[redacted]

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/7/18 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bryant	Palmer	Ray	

Home Address (NC Residential Address): 422 Goins Rd

Mailing Address (if different than home address.):

City	State	Zip Code
Pembroke	NC	28372

[redacted] ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

X [redacted] Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE 1-888-522-4723 FAX 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Ann		

Home Address (NC Residential Address)	Mailing Address (if different than home address)
3625 Hwy 211 W Takoda Dr.	P.O. Box 2264
City: Lumberton State: NC Zip Code: 28360	City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence: Robeson
If "No," indicate the date of your move: / /	Previous Name (if applicable)
[redacted]	Voter Registration No. (Optional)
	Phone (optional): 910316 4397
	Email (optional): Ann.Jacobs at uncp.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 2264	Pembroke	NC	28372

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:
Requestor's Name
☐ spouse ☐ brother / sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military / Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S citizen residing outside the U.S temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

V2013.11

Takoda Dr.

10-18-18

Home 910-316-4397

Work 910-521-6210

Email Ann.Jacobs at uncp.edu

Please mail to:

Ann Jacobs
P.O. Box 2264
Pembroke, NC 28372

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide Primary Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** May 8th, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hammonds	Jimmy	O'Neal	

Home Address (NC Residential Address.)	City	State	Zip Code
422 Daniel McLeod Road	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 3458	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	N/A

Voter Registration No.	Phone (optional)	Email (optional)
000000240486	N/A	jimmyhammonds@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
(See email address below)	N/A	N/A	N/A

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility: N/A

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	Requestor's Address	City	State	Zip Code
N/A (First) (Middle) (Last) (Suffix)	N/A	N/A	N/A	N/A

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email
N/A	N/A	N/A

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☒ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)	Fax Number or Email Address
United States Embassy	☐ Mail ☐ Fax ☒ Email	jimmyhammonds@hotmail.com

04/23/2018
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bellhaven	Larry	Wayne	

Home Address (NC Residential Address.): 1461 N.C. Hwy 211 West
City: Red Spring State: NC Zip Code: 28379
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional) Phone (optional) Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law, ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-C-18 X
Date Date

[redacted]

...NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	William	Laird	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
8366 NC Hwy 710 N.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		wlocklear@robeson.edu

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-23-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cox	Judy		

Home Address (NC Residential Address.)	City	State	Zip Code

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 1396	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Linda	Carol	

Home Address (NC Residential Address): 2299 Philadelphus Rd

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

[redacted] ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Original

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-7-18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Gary		

Home Address (NC Residential Address.)	City	State	Zip Code
1545 University Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]2140728	9103011629	lockga@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1545 University Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix) N/A

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) N/A

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/8/2018 (Date) X N/A (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Renee	S	

Home Address (NC Residential Address.)	City	State	Zip Code
405 Cherokee St.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 3133	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/27/18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Spaulding	Ricky			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
203 East 2nd St.	P.O. Box 3133

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (If applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
none		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/28/18	X	

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6th (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Spaulding	Rickey		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
203 East 2nd St.	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	10/8/18	X	

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Fields	Dinah	Faye	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
524 Odum Rd	Lumberton	NC	28360

Mailing Address (If different than home address.): Same

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

778 of 2821

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Fields	Harold	Danny	Sr.

Home Address (NC Residential Address)	City	State	Zip Code
524 Odom Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
SMITH	RUBY	KENYA	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1941 OAKGROVE CHURCH RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000250594		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1941 Oak Grove ch. Rd.	Lumberton	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Smith

10-29-18 Date

Signature of Near Relative/Legal Guardian (if applicable)

X Mary Ellen Smith 10-29-18 Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suf
SMITH	MARY	ELLEN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1941 OAKGROVE CHURCH RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.) — City / State / Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No.: 000000250649

Phone (optional): 910 739-6397

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1941 Oakgrove ch. Rd.	Lumberton	N. C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 10-29-18 X
Date Date

[redacted]E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
OXENDINE	LULA	MAE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3622 SHANNON RD	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000250760		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
310 E. Wardell Dr.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/18/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Odum	Edward	Phillip	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
40 Smith Drive	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

[redacted] SSN X X X - X X - [ ][ ][ ][ ]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
(First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 10/30/18 Date

Signature of Near Relative/ Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359
(910) 671-3080 (910) 671-3089
ROBESON.boe@nc.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 05/08/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	VERONICA		[redacted]

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
184 WOODY FARM RD			P.O. BOX 2167		
City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No
If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

You must provide at least one identification number below. (or see instructions)

NC Driver License or ID Number	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	0000251038		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2413 23rd Street Dr NE	HICKORY	NC	28601

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign [redacted] X 4/6/18 X
Date Signature of Near Relative/Legal Guardian (if applicable) Date

v2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Veronica	Lea	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
184 Woody Farm rd			PO Box 2169		
City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Ballot Address (where you want the ballot sent)	City	State	Zip Code
2413 23rd Street Drive NE	Hickory	NC	28601

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother / sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign [redacted] Signature of Near Relative/Guardian (if applicable) Date

X [redacted] 10/4/16 X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	SYLINA	BREWER	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 3521	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
POB 3521	P-broke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
POB 3521	P-broke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-4-18 Date

Signature of Near Relative/Guardian (if applicable) X

Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
MCINTYRE	LENA	MAE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
705 ST JOHN CIR	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000260002		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-20-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LN., SUITE 101
FAYETTEVILLE, NC 28301

PHONE: 910-678-7733 FAX: 910-678-7738
absentee@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General election (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Da
Bethea	Mary			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
702 E. 3rd Ave.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

er Registration No.	Phone	Email
Optional	Optional	Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
400 Pelt Dr.	Fayetteville	NC	28301

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☑ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) OR Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 10-29-18 (Date) X _____ (Date)

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
RICE	INEZ	LYNN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
380 DOLLY DR.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

~~Voter~~ Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?)	City	State	~~Zip Code~~
380 Dolly Dr.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

9-27-2018 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
Mack	Dazza	Marie	

Home Address (NC Residential Address.)	City	State	Zip Code
206 Springside Road	Red Springs	NC	28377

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
206 Springside Road	Red Springs	NC	28377

If voter is registered as *unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 *Date* X _____ _____ *Date*

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Fairley	Sadie	Mc Donald		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
108 Haywood St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City		
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 Haywood St.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 08, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Farley	Sadie	Bell

Home Address (NC Residential Address.)	City	State	Zip Code
108 Haywood St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
108 Haywood St.	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 Haywood St.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 5, 18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jones	Lynn			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
348 Arthur rd	Red springs	NC	28377

Mailing Address (If different than home address.)	City	State
[redacted]		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Options

Phone (optional):

Email (optional):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only) [redacted] 08/27/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

IF FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockleer	Sylvia	D	

Home Address (NC Residential Address.)	City	State	Zip Code
205 Mt Tabor Rd apt 111	Red Springs	N.C	28377

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McDONALD	BESS	BRADY	

Home Address (NC Residential Address.)	City	State	Zip Code
1035 E 4th AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
None		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-2218
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

795 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCDONALD	MARSHALL	BRYAN	JR

Home Address (NC Residential Address.)	City	State	Zip Code
1035 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-22-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mc-Linnahan	Rogerlene	Buie		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
256 E. 5th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online	(910) 843-1915	

[redacted]	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-23-18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted] gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MCNEILL	MARY	M	

Home Address (NC Residential Address.)	City	State	Zip Code
4588 DANIEL MCLEOD RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9/27/2018 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Miller	Arnold	L.	

Home Address (NC Residential Address.)	City	State	Zip Code
1081 Blue Road	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
P O Box 665	Parkton	NC	28371

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Unsure

Phone (optional): 910-8588279

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

Sig[redacted]

X [redacted] 9-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Miller	Rosa	P.	

Home Address (NC Residential Address.)	City	State	Zip Code
1081 Blue Road	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 665	Parkton	NC	28371

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910-858-4179	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/28/18	X	

[redacted]

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LN., SUITE 101
FAYETTEVILLE, NC 28301

PHONE: 910-678-7733 FAX: 910-678-7738
absentee@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Stubbs	MINNIE	M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
211 A W SUNSET DR	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. BOX 562	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Roberson	

[redacted]

Voter Registration No.	Phone	Email
Optional	Optional	Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 562	RED SPRINGS	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

OR Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date _____

Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Mercer	Rachel		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5701 N Fayetteville Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

3-12-18 *Date* X *Date*

[redacted]

SBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Patterson	Amos		JR

Home Address (NC Residential Address.)	City	State	Zip Code
234 E 5th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-308-6539	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

8/22/2018 Date — X _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Patterson	Sheila	A	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
113 Buie St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28379			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-813-4494	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

n 8-21-18 X

Date Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Norris	Stephanie	D	

Home Address (NC Residential Address.): 302 Hubert McLean Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.: Unsure

Phone (optional): 910-843-1055

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

12018 **Signature of Near Relative/Guardian** (if applicable)

Date Date

E.gov to check your voter registration or absentee voting status.

Absentee Ballot

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Ray	Sharon	A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
9 Graham Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Floyd	George	Arthur		

Home Address (NC Residential Address.)	City	State	Zip Code
228 East 5th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Mailing Address (If different than home address.)	City	State	Zip Code
228 East 5th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 (Date) X _____ (Date)

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 10-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffi
Floyd	George	Arthur	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
228 East 5th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
228 East 5th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ _____ (Date)

[redacted]CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
DENT	DAVID	EARL	[redacted]

Home Address (NC Residential Address.)
482 DENT DR

Mailing Address (If different than home address.)

City	State	Zip Code
ROWLAND	NC	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence
ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No.
000000261432

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
482 Dent Dr.	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/8/18 X
Date

Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
ROSS	REGINA		

Home Address (NC Residential Address.)	City	State	Zip Code
208 MALPASS AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000261445		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
203 Malpass Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/16/18 X
Date Date

E.gov to check your voter registration or absentee voting status.

V2013.11

[redacted] Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
McDowell	Ernestine	Maynor	

Home Address (NC Residential Address.): 101 McIver St.

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	N.C	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 9304 Quilting Bee Lane

City	State	Zip Code
Charlotte	NC	28216

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-20-18 X _____ _____
Date Date

[redacted] SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Humphrey	James	Richard	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
204 sunset circle	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
204 sunset circle	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-22-18 *Date* X _____ *Date*

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
McLean	Marilyn		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
523 West 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: [redacted]

Previous Name (if applicable):

Voter Registration No.: [redacted]

Phone (optional): 910-308-7070

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-22-18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Ferguson	Mattie	L	[redacted]

Home Address (NC Residential Address.): High Lander Apt 7C

Mailing Address (If different than home address.)

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Original	910-843-5901	

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/22/2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Patterson	Carolyn	E	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
113 Bule St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Cindona	910-916 2904	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/22/2018 **Signature of Near Relative/Guardian (if applicable)**

X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
McDowell	Michael	Gibson	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
101 McIver St	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
9304 Quilting Bee Lane	Charlotte	NC	28216

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-20-18 X [redacted] Date

Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mitchell	Willie			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
98 McBridge Rd	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
On file		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-22-18 Date	X ___ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	D
LOCKLEAR	ROBERT	EARL		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
PO BOX 2044					
City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
[redacted]		
[redacted] er Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
157 Herndon circle	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si[redacted]

10/9/18 (Date) X

Signature of Near Relative/Guardian (if applicable)

_____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313196418 NC8W1060857 IVNC

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffi
Brown	Annie	Louise	

Home Address (NC Residential Address.)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Clark	Christopher	—

Home Address (NC Residential Address.)	City	State	Zip Code
101 Bryant Rd R	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 Bryant Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4/17/18 *(Date)* X _____ *(Date)*

w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	DELTON	N	

Home Address (NC Residential Address.)	City	State	Zip Code
1025 DIXIE RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1025 Dixie DR.	Red Springs	N.C.	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9-28-18	X	

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	Donnie		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
4244 Daniel McLeod Road					
City	State	Zip Code	City	State	Zip Code
RedSprings	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4244 Daniel McLeod Road	RedSprings	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Ferguson	Peggy	M.		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)

City	State	Zip Code	City	State
Red Springs	N.C	28377		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-23-18 X
Date

Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Edwards	Martha	K	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
122 Robert St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
None		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/22/2018 X

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Edwards	Leonard	E.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
122 Roberts St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Original	910 843 3601	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/22/18 X

Date — Signature of Near Relative/Guardian (if applicable) — Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Oliver	Clara	M.		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
262 Springside Rd.	

City	State	Zip Code	City	State
Red Springs	N.C.	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-24-18 (Date)	X (Date)

.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Peavy	Betty	T.	

Home Address (NC Residential Address.): 515 W. 2nd Ave.

Mailing Address (If different than home address.): P.O. Box 468

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code
Red Springs	NC	28377

[redacted] ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference ☐ Non-partisan
☐ Democratic ☒ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Virginia (First) I. (Middle) Taylor (Last)

☐ spouse ☒ brother (sister) ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 2101 Kimway Dr.

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Matthews	NC	28105	(704) 847-9480	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X Virginia Taylor 10/ Date

BE.gov to check your voter registration or absentee voting status.

Oct. 26. 2018 2:29PM

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
REESE	PAUL	BRIAN	M

Home Address (NC Residential Address.)	City	State	Zip Code
920 W SECOND AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
920 WEST SECOND AVEN	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000270653	910-843-5996	paulbrianr6@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
920 West Second Avenue	Red Springs	NC	28377-1220

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X

Date Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Tina	Iowanna	

Home Address (NC Residential Address.): 210 B Dial Terrace Oxendine St.
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-4-18 Date X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WALKER	LEONARD	JAMES	

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
305 McCollum ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
SAME	LUMBERTON	N.C.	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional): 910-316-3532 | Email (optional): KONRADWALKER265@GMAIL.COM

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME	LUMBERTON	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Watson	Margaret	Kay		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
506 West 2nd Avenue	Red Springs	NC	

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Ondone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]

X _____ 8/23/2018 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Nye, JR	JERRY	D.	MR	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
135 Prince Charles St	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days?	County of Residence	Previous Name (if applicable)
☒ Yes ☐ No	Robeson	
If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	None		

[redacted]	ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]		X	

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
Horne	Henry		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3759 Mt Tabor Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 688	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
2487 Optional	910-843-2513	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 688	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/20/18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
Horne	Jo		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3759 Mt Tabor Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 688	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
2119 Optional	910-843-2513	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 688	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/20/18 Date X Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	DIANNE	L	

Home Address (NC Residential Address.)	City	State	Zip Code
10972 RENNERT RD.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date 10/1/18

Signature of Near Relative/Guardian (if applicable)
X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
BELL	TERESA	OXENDINE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
120 RUSSELL RD	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000280585	227-2657	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
120 Russell Rd.	Shannon	N.C.	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-17-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 8, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BREWER	CHARLES	ALLEN	

Home Address (NC Residential Address.)	City	State	Zip Code
353 MCQUEEN RD.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
353 McQueen Road	Shannon	NC	28386

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
353 McQueen Road	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/2/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 8, 2018 (Election Date) SB

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
BREWER	SHARRY	HUNT		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
353 MCQUEEN RD.	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code
353 McQueen Road Shannon	Shannon	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
353 McQueen Road Shannon	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Date 9/2/18

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Leake	Vickie	Alford		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
128 Franklin Rd.	P.O. Box 577

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910)736-9699	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-4-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Southern	Ethel	Mae	

Home Address (NC Residential Address.): 504 N. Rail Road St
City: Rowland | State: NC | Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (If applicable)
Voter Registration No. (Optional)
Phone (optional): 910 422 8998
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11/06/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Campbell	Bobby	Ray	

Home Address (NC Residential Address.): 6618 W. Horn Rd
City: Rowland State: NC Zip Code: 28383
Mailing Address (If different than home address.)
City State Zip Code
[redacted] at this address for more than 30 days? ☑ Yes ☐ No
County of Residence: Robeson
Previous Name (if applicable)
[redacted]ter Registration No.
Phone (optional): 910 [redacted] 1951
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 X
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Smith	Gladys		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
263 Dorton Court	Roseland	NC	28883

Mailing Address (If different than home address.)	City	State	Zip Code
	Roseland		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-733-2700	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-25-18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
JONES	William	J.	[redacted]

Home Address (NC Residential Address.) ~~P.O. Box 314~~ 305 West Mill St

Mailing Address (If different than home address.) P. O. Box 374

City	State	Zip Code
ROWLAND	NC	28383

City	State	Zip Code
ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. Optional

Phone (optional) 910 785 5730

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-2018 X
Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAHAM	DIXIE	BLUE	

Home Address (NC Residential Address.)	City	State	Zip Code
6189 Exlter Road	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 1223	Rowland	N.C.	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-544-9177	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1223	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10-24-2018 (Date) X	(Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
[redacted] Joe	Blue	Love	

Home Address (NC Residential Address)	Mailing Address (if different than home address.)
2491 Wardstore Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

= 9/4/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Miles	Mary	B		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
247 Auston Rd	

City	State	Zip Code	City	State	Zip Code
Bowland	NC	28383			

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

City	State	Zip Code
Bowland	NC	28383

247 Auston Rd

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9-7-18 (Date)	X (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard	Alexander	Jr	

Home Address (NC Residential Address.): 302 W Peach Street

Mailing Address (If different than home address.):

City	State	Zip Code
Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X (Date)

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Miles	Roberta		

Home Address (NC Residential Address.)	City	State	Zip Code
138 Melbourne Rd	Rowland	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 782	Rowland	NC	28383

[redacted]

Lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State/Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Carmichael	Barbara	AWN	

Home Address (NC Residential Address.): 2385 Alfordsville Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Rowland	NC	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 9104225050

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-30-18 *(Date)* X _____ *(Date)*

[redacted]

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Carmichael	William	Fletcher		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2385 Affordsville Rd	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Unsure

Phone (optional): 910 422 8030

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 8/30/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Deese	Rogena J	—	

Home Address (NC Residential Address.)	City	State	Zip Code
7100 Kitchen Street	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Original

Phone (optional): 910-422-3833

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

8/30/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
ELIJAH	ADDIE	MAE	

Home Address (NC Residential Address.)	City	State	Zip Code
307 SMITH ST	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 194	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional): 910-422-7862

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (if appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

08-28-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Ford	Mary	M		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
235 Tee Dee Rd.	

City	State	Zip Code	City	State	Zip Code
Maxton	N.C	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910-844-9280	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-06-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
McDaniel	Vickie	I.	

Home Address (NC Residential Address.): 202 S. Mirst
City: Bowland State: N.C. Zip Code: 28383

Mailing Address (if different than home address.):
City: Bowland State: NC. Zip Code: 28383

[redacted]

How long have you lived at this address? for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional): 910 484-8893 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Sig[redacted]

09-10-18 X
Date

[redacted]

.NCSBE.gov to check your voter reg

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-06-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAHAM	VIRGINIA	DALE	

Home Address (NC Residential Address.)	City	State	Zip Code
217 melbourne Rd	Bowland	NC	28383

Mailing Address (If different than home address.) | City | State | Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional): 910 422-0043

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

X 9-6-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAHAM	VIRGINIA	DALE	

Home Address (NC Residential Address.)	City	State	Zip Code
217 MELBOURNE RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
217 melbourne Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Twyla (First) G (Middle) Graham (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
196 melbourne rd			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Rowland	NC	28383	910 610-8913	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☑ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9-27-18 Date

Signature of Near Relative/Guardian (if applicable) X Virginia Graham 9-27-2018 Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State of North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Gurley	Amelia	Lester	

Home Address (NC Residential Address.)	City	State	Zip Code
309 N Canal Street	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 421	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/5/18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Blue	Malcolm	Louis	

Home Address (NC Residential Address.): 163 Spencer Drive

Mailing Address (If different than home address.):

City	State	Zip Code
FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

City / State / Zip Code:

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional):

Phone (optional): (910)740-6395

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City / State / Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City / State / Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffi
Lovette	Julia	M.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
217 Benton Ct.	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
	Rowland	NC	28

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson Ct.	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-74[redacted] 1336	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-28-2018 X [redacted] (Date) (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Johnson	Josie	Lee	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
206 W. Mill St	P.O.B.X 401

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383	Rowland St	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-422-8769	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 860 of 2024

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jacobs	Kimberly	L		[redacted]

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
3287 Moss Neck Rd	

City	State	Zip Code	City	State
Pembroke	NC	28372		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted] You must provide at least one identification number below (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone	674-2279	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/27/18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LocKlear	Eva	Jane	

Home Address (NC Residential Address.)	City	State	Zip Code
1001 Iona Church Road	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	910-422-8477	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lowery	David	Earl		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3507 S. Roberson	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Online

Phone (optional): 910422-3317

Email (optional):

	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/27/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lowery	Nellie	Faye		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3507 S. Roberson Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lowland	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Online	910 422 3317	

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	X
8/27/18 Date	Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18. (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Arthur	Alberta	Page	

Home Address (NC Residential Address.)	City	State	Zip Code
223 Benton Court	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 923	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	Rt. 2 Box 284A

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/28/18 (Date) X _____ _____ (Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State of North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Elector (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McCallum	Belinda	Marie	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
304 W. Elon St			P.O. Box 494		
City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. (optional)	Phone (optional) 910 422-8386	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9/10/18 X	
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2017.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6th *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCCORMICK	DORIS	CRAWFORD	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 386	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

...ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Jean (First) Marie (Middle) McCormick (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
4839 Pinedale Blvd				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton	NC	28358	910-618-9401	loudblonde@att.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/4/18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X [signature] 10/4/18 *(Date)*

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McCrae	David	JR.	

Home Address (NC Residential Address.): 403 South Canal

Mailing Address (If different than home address.): L

City	State	Zip Code
Rowland	N.C	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-416-3004

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

9-5-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean	James	Tyrone	

Home Address (NC Residential Address): 501 Cooley St.
City: Rowland | State: N.C. | Zip Code: 28383

Mailing Address (if different than home address.)
City | State | Zip Code: 28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-6-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
McNair	Betty	Lou	

Home Address (NC Residential Address.): 649 West Horne Road
City: Rowland State: NC Zip Code: 28383
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.): PO Box 1046
City: Rowland State: NC Zip Code: 28383

County of Residence: Robeson
Previous Name (if applicable):
Voter Registration No. (Optional):
Phone (optional): 910-422-8144
Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-6-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/06/18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Joyce	A	

Home Address (NC Residential Address.)	City	State	Zip Code
307 West Church	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 445	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-29-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mitchell	Deborah	Carolyn	

Home Address (NC Residential Address): 736 Echo Rd.
City: Rowland State: NC Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): (910) 544-8229
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 Date X Date

NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Baker	Hattie	Jane	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
156 Robs Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 9106747928

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/30/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BAKER	HATTIE	JANE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
156 ROBS RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
156 Robs Rd.	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-27-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffi
Morgan	Jerlenda		

Home Address (NC Residential Address.)	City	State	Zip Code
103 E Chapel St	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 728	Rowland	NC	28383

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date)	X	(Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Brenda	Joyce	

Home Address (NC Residential Address.): 508 N Rail Road St
City: Rowland | State: NC | Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (optional)
Phone (optional): 910 280 9126
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/6/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OWENS	CLARA	HUNT	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 353	

City	State	Zip Code	City	State	Zip Code
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O Box 353	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-L18 X _____
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313190256 NC8W1093074 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Richardson	Mary	Lois	

Home Address (NC Residential Address): 1320 Iona Church Rd.
City: Rowland State: NC Zip Code: 28383

Mailing Address (if different than home address.)
City: Rowland State: NC Zip Code: 28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable): Locklear

Voter Registration No. (Optional):

Phone (optional): 910-422-3091

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1320 Iona Church Rd
City: Rowland State: NC Zip Code: 28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City State Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (Date): X [redacted] 9-7-18

Signature of Near Relative/Guardian (if applicable) (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Robinson	Bobby	D	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
~~PO Box 425~~ 104 N. Canal St	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 425	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-28-18 X _____

Date Date

[redacted]BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Shipmon	Janice	M.		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1001 Persimmon Rd.	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Cirdone

Phone (optional): 910-422-8918

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] X 8-30-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Shooter	Janice	S.	MR

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4672 S. Robeson Rd.	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

Voter Registration No.: Oregone

Phone (optional): 910-740-2511

Email (optional):

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	
Date: 08/27/18	X _____ Date: _____

.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Blue	Katie	Lee		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2491 Hoadstore Rd	

City	State	Zip Code	City	State
Fairmont	NC	28340		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9/4/18 (Date)	X _____ (Date)

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAMPAGNE	ARTHUR	DINNES	JR

Home Address (NC Residential Address.)	City	State	Zip Code
1276 S. CHICKEN RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1276 so Chicken Rd	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date 9/27/18

Signature of Near Relative/Guardian (if applicable) _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313190820 NC8W1091058 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ragman	Betty	JO	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
502 E. McCormick St Apt 2a-G	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/29/18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Watts	Robert	Harrison	

Home Address (NC Residential Address.): 601 E. Church St

Mailing Address (If different than home address.)

City	State	Zip Code
Rowland	NC	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No.: Optional | **Phone** (optional): 9103748168 | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/29/18 *(Date)* X _____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Application/Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Darlene	Brayboy	

Home Address (NC Residential Address): 1380 Iona Ch. Rd

Mailing Address (if different than home address.)

City	State	Zip Code
Rowland	NC	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional): 9107342261

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] X 9/7/16 X _____
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BYRD	STEPHEN	CARROLL	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
10 STEPHENS LANE	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 736 2673	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/10/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Betsy	Rose	

Home Address (NC Residential Address): 436 Iona Church RD
Mailing Address (if different than home address.)

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (If applicable)

Voter Registration No. (Optional) | Phone (optional): 910 610 9627 | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] X 9-7-18 (Date) X (Date)

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
ALFORD	PAMELA		

Home Address (NC Residential Address.)	City	State	Zip Code
210 BENTON CT	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. BOX 944	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X 8/28/18 X
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McCallum	Bradderus	Ray	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 S. MLK St.	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 494	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

_____ Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Fisher	Esther	L		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1033 persimmon Rd	

City	State	Zip Code	City	State	Zip Code
Bowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable)

8/30/18 X
Date

Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Leggett	Charles	Henry	[redacted]

Home Address (NC Residential Address.): 127 Bird house Rd.
City: Rowland **State**: NC **Zip Code**: 28383
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.): P.O. Box 127
City **State** **Zip Code**

County of Residence: Robeson
Previous Name (if applicable)

[redacted]

Voter Registration No.: Optional
Phone (optional) **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) **City** **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address **Name of Corporation** (If appointed legal guardian)
City **State** **Zip Code** **Requestor's Phone** **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18
Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	CRAVEN	NELSON	

Home Address (NC Residential Address.)	City	State	Zip Code
1206 S. WALNUT ST., # APT-4F	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
CRAVEN HUNT 1206 S WALNUT	FAIRMONT N.C	28340 APT 4F	

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ (Date) X _____ _____ (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Randy		

Home Address (NC Residential Address): 1395 Iona Church Rd.
City: Rowland State: NC Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 X
Date Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	TYE	WILLIAMS	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
980 PINEY GROVE RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-1-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-013
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

am requesting an absentee ballot for the: General Election on Nov. 6th 2018
Election Type (Primary, General, Municipal, Special, etc.)

[redacted]

Voter Information

Last Name	First Name	Middle Name
CHAVIS	ROBERT	EARL

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2064 RUSS RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX-XX- [redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2064 RUSS RD	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign [redacted]

X _____ 9-30-2018 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

5 NC8W1035417 IVNC

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
HARTS	ALBERT	JUNIOR	[redacted]	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
725 HENRY HAMMOND Rd					
City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Mailing Address	City	State	Zip Code
725 HENRY HAMMOND Rd	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name					
☐ spouse	☐ brother/sister	☐ parent	☐ grandparent	☐ stepparent	
☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law	
☐ son-in-law	☐ daughter-in-law	☐ legal guardian			

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/15/2018 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MAYNOR	LARRY	DEAN	[redacted]

Home Address (NC Residential Address.): 126 VAN BORN DR.

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910 536-7595

Email (optional): velisamaynor@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 126 Vanborn Drive

City: Lumberton **State:** NC **Zip Code:** 28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only) [redacted] 10/1/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request

North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
locklear	Brenda	Freeman	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
650 WD locklear Rd	

City	State	Zip Code	City	State	Zip Code
lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (If applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

Exhibit E-2-3-2-2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Rhonda	Renee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3766 N.C. HWY 211 West	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted] SSN: X X X - X X - [ ][ ][ ][ ]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
20080 Brewer's Neck Blvd.	Carrollton	Va	23314

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4.10.18 *(Date)* X _____ *(Date)*

.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28302-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)*) on 5-8-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Locklear	Martha	Ann		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
43 Rennert Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
43 Rennert Rd.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Bobby Joe Locklear

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
4160 Nelson Way				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton	NC	28360	910-225-2477	Bobby.Locklear4160@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sig[redacted]

X [redacted] 4-25-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X Bobby F Locklear 4-25-18
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 910-671-3021

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special, etc.)*) on 5-8-2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Locklear	Martha	Ann		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
43 Rennert Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-XX-[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
43 Rennert Rd.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Bobby Joe Locklear

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 4160 Nelson Way

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28360	910-225-2477	Bobby.Locklear4160@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S[redacted] 4-25-18 (Date) X Sig[redacted]uardian (if applicable) 4-25-18 (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Britt	Cynthia	Mcgirt	

Home Address (NC Residential Address.): 93 Clovis Drive

City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (If different than home address.):

City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X 8/14/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Catherine Mitchell *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MITCHELL	CATHERINE	C	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 2124	LUMBERTON	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	Catherine C. Mitchell

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-9-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312682566 NC8W1042513 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PRICE	LYNN	R	MRS.

Home Address (NC Residential Address.)	City	State	Zip Code
1741 RUSS RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1741 Russ Rd			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (If applicable):

[redacted]

ter Registration No.: Optional

Phone (optional): (910) 258-1695

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1741 Russ Rd	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

09/27/2018 (Date)

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

PHONE: [redacted] FAX: [redacted]

absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Reveles	Shelby		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
209 Thuth Dial St. Apt. 32	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Any *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CARTER	BRENDA	JACOBS	

Home Address (NC Residential Address.)	City	State	Zip Code
379 ARCADIA DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312685643 NC8W1046157 IVNC

Absentee Ballot Request Form

COUNTY

To: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2356
LUMBERTON, NC 28359

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/07/2024

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	TERESA		

Home Address (Residential Address)
22 NEWASIN

Mailing Address (If different from home address)

City	State	Zip Code
[illegible]	[illegible]	28372

City	State	Zip Code
[illegible]	[illegible]	[illegible]

[illegible] address for more than 30 days? ☐ Yes ☐ No

County of Registration
ROBESON

Previous Name (if applicable)

[illegible] date of your move:

[illegible] Identification (See Instructions)

Voter Registration Number
[illegible]

Issued by (state)

[illegible] City
Elrod

[illegible] State
NC

[illegible] Zip Code
28326

[illegible] Ballot Record Card

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If Yes, enter the name and address of the hospital or facility:

Requestor's Name (If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter)

☐ spouse ☐ brother(-in-law) ☐ son(-in-law) ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ sister-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (if appointed legal guardian)

Requestor's Address

City	State	Zip Code	Requestor's Phone	Requestor's Email

[illegible] Only (may only be signed by the voter; may not be signed [illegible] (County)

[illegible] at a military or overseas voter

[illegible] Active Duty and currently absent from County of residence [illegible] Eligible Spouse/Dependent

[illegible] temporarily or indefinitely

[illegible] Transmit my ballot via: ☐ Mail ☐ [illegible]
(Military/Overseas Voters Only)

Fax Number or Email Address

Signature of Near Relative/[illegible]

X

[illegible] your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
FURMAGE	JOHN	DANIEL	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2487 NC20 HWY E	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000310004		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2487 NC 20 HWY 20 E.	ST. PAULS	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name					
-	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian		

Requestor's Address	Name of Corporation (If appointed legal guardian)
-	

City	State	Zip Code	Requestor's Phone	Requestor's Email
-	-	-	-	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9-13-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACKMON	JAMES	SHERWOOD	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 33	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: obeson

Previous Name (If applicable):

er Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 33	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable) X Date

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Cogdell-Gaddy	Marlene	Junel	

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1116 W. Parkton Tobermory Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: DR36663

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3350 Toledo Terrace Apt. 334	Hyattsville	MD	20782

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted] 10/20/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

[redacted] to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Colvin	Audrey	Maria	

Home Address (NC Residential Address): 794 Ballana Fm Rd

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls	NC	28384

[redacted]

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: (optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Dunham	Ronald		

Home Address (NC Residential Address): 1151 Britt Rd

Mailing Address (if different than home address.):

City	State	Zip Code
St. Pauls	NC	28384

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Rb

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Glover	Theresa	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
599 Ballance Farm Rd	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 X

Date Date

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-6-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Harrell	Kay	Frances	

Home Address (NC Residential Address.): 712 Alford Rd.
City: St. Pauls State: NC Zip Code: 28384
[redacted] Yes ☐ No
Mailing Address (If different than home address.)
City State Zip Code
County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No.: [redacted]
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-6-18 (Date) X (Date)

E.gov to check your voter registration or absentee voting status:

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Robinson	Viola		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
767 N Alford Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC				

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/6/18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BRANDT	MAUDINA	DOVE	

Home Address (NC Residential Address.)	City	State	Zip Code
90 HAGENS RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
90 Hagens Rd	St. Pauls,	NC	28384

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-635-6778	lumbndn5l@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
619 Rusty Rd	Conway	SC	29526

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-3-2018 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312675302 NC8W1096311 IVNC

[redacted] Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
Johnson	Christine	Osborne	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
255 Dean Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
MA			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
310616		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
255 Dean Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date		Date
9-10-18	X	

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Su
Johnson	Terry	Lee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1579 NC Hwy. 20 E.	St. Pauls	NC	28384

Mailing Address (if different than home address.)	City	State	Zip Code
NA			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	NA

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1579 NC Hwy. 20 E.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 (Date) X _____ _____ (Date)

BE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV-06 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Alford	Cedric	WAYNE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1277 Brith Rd					
City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384			

[redacted] Yes ☐ No

County of Residence: Rob

Previous Name (If applicable):

[redacted] oter Registration No. (Optional)

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-18-18 X

Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Lewis	Lilly	R	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
561 Woodside Ave	

City	State	Zip Code	City	State	Zip Code
Saint Pauls	NC	28384			

Have you lived at this address for more than 30 days?	County of Residence	Previous Name (if applicable)
☑ Yes ☐ No	Robeson	
If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN			
	X X X - X X [redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
561 Woodside Ave St Pauls	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Si[redacted] 10-24-2018 X

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
McCormick	Samuel	Leon	

Home Address (No Residential Address)	City	State	Zip Code
2101 N. McMillan	Lumberton	NC	28358

Mailing Address (if different than home address.) | City | State | Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/4/18 X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	S[redacted]
Malone	George	Preston	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4765 Blanchard Rd	

City	State	Zip Code	City	State	Zip Code
Saint Pauls	NC	28384			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 4765 Blanchard Rd.

City: St. Pauls **State:** N.C. **Zip Code:** 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [X] daughter-in-law [ ] legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-24-18 X
Date

Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
REAVES	FAYE	MCRAINEY	

Home Address (NC Residential Address.)	City	State	Zip Code
456 W. MCRAINEY RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable): N/A

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X N/A 9/29/18
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171414 NC8W1095373 CVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Regan	Walter	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
706 N Alford Rd	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (if different than home address.) | City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

[redacted] Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sanderson	Earline		

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd #36	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WALTERS	STEPHANIE	MARIE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
378 W. MCRAINEY RD.	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
378 W. McRainey Rd.	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-21-18 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171366 NC8W1095127 CVNC

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Sinclair	Mary	Mazerene		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
708 Willow St.	St. Pauls, N.C.	N.C.	28384

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 181			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions).

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 181	St. Pauls	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 6/7/18 X

Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Ward	Elizabeth	LoflinDaniel	

Home Address (NC Residential Address.)	City	State	Zip Code
717 Cutlar Street	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 876	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 876	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/8/18 (Date) X _____ (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Ward	William	Daniel	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
717 Cutlar Street	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 876	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 876	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/8/18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

Exhibit 42322 930 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Watts	Margaret Gibson	Gibson		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	Stat

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

	ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

4-25-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Watts	Margaret		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd # 140	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
152 Rowland LN	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X

Date

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: all elections (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WHITE	ZELMA	CASHWELL	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
409 N. 4TH ST.	Same

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]ter Registration No.: Optional

Phone (optional): 910 865 4602

Email (optional): patblckw@aol.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence of an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) [redacted] 10-2-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
HALLIBURTON	BETTY	COLEMAN	

Home Address (NC Residential Address.)	City	State	Zip Code
1000 WESLEY PINES RD # 146-L	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

oter Registration No.	Phone (optional)	Email (optional)
00000311318		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signa

X _____ Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on NOV 6 2018.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lewis	Lacy	C	

Home Address (NC Residential Address.): 276 N Alford Rd
City: St Pauls State: NC Zip Code: 28384
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (optional)
Phone (optional): 910 273 7926
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 9-6-18 Signature of Near Relative/Guardian (if applicable) X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Justice	Melvin	Grady		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
145. Shasta Dr	ST Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	[redacted]		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sig[redacted]

Signature of Near Relative/ Guardian (if applicable)

8-26-2018 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name
Clegg	Karen	Marie

Home Address (NC Residential Address.)	City	State	Zip Code
2543 E. GR. Marsh Ch. Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [X] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

10-5-18 [redacted] Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Wendy	Sophia	

Home Address (NC Residential Address.): 828 Ballance Farm Rd
City: St. Pauls | State: NC | Zip Code: 28384

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/4/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWRIE	CONSUELO	L	

Home Address (NC Residential Address.)	City	State	Zip Code
174 DECKER RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
174 Decker Road	St. Pauls	N.C.	28384

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
174 Decker Rd.	St. Pauls	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-8-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Caldwell	Annie		

Home Address (NC Residential Address.) 10684 Barker ten mile

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. (Optional) | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-6-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: general (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suff
Daniel	Louva	Young	[redacted]

Home Address (NC Residential Address.): P.O. Box 477 (177 E. Great Marsh Church Rd)

Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384	~~St. Pauls~~	~~NC~~	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: 000000320246

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 477	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Kenneth (Middle) Kearns (Last) Daniel, JR. (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian I am her son.

Requestor's Address: 1673 Carter Circle

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Creedmoor	NC	27522	919-339-6509	ke55da555@aol.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X Kenneth Kearns Daniel, Jr 10/6/2018

Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	S
Pate	Tammy	Lynn	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2143 NC Hwy 20 East	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2143 NC Hwy 20 East	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/13/18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on 11-6-18 .
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
THOMAS	JOHN	F	

Home Address (NC Residential Address.): 303 PECAN ST
City: Lumberton State: NC Zip Code: 28358

Mailing Address (If different than home address.): 303 PECAN ST
City: Lumberton State: NC Zip Code: 28358

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 X _____
Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Dat*

Voter Information

Last Name	First Name	Middle Name	Su
Willis	Elizabeth	Justice	

Home Address (NC Residential Address.)	City	State	Zip Code
501 Willis Rd	St. Pauls	N.C	28384

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 522	St. Pauls	N.C	28384

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 522	St. Pauls	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-7-18 X
Date

Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
Hunt	Glennis	B	Ms

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
38 Jason's Pl. Rd	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
38 Jasons Pl Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
INMAN	VIVIAN	DELORES	

Home Address (NC Residential Address.)
465 S. OLD STAGE RD.

City	State	Zip Code
SAINT PAULS	NC	28384

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (If applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
465 Southold Stage Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171235 NC8W1095385 CVNC

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Rozier	Ruth	M.	

Home Address (NC Residential Address): 10942 Barker Ten mile Rd

City	State	Zip Code
St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/7/18 X

Date Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Gilfillan	Tami	Jean	

Home Address (NC Residential Address.)	City	State	Zip Code
413 N. 2nd St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	SI		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-21-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
NORTON	LYDIA	PATE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
346 S 3RD ST	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
1000 WESLEY PINES RD. 144-2L	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000320819		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-25-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Vedder	Teresa	Ann		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
401 West Clark Street	Saint Pauls	N.C.	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
401 West Clark Street	Saint Pauls	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 X
Date

Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McEachern	Veronica	O	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1131 Britt Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St Pauls	NC	28384			

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/10/18 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Terry	Jackie	Bryson		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1161 Shaw Mill Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1161 Shaw Mill Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-24-18 X
Date

Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
LOCKLEAR	CERTICE	JANE O	[redacted]

Home Address (NC Residential Address.)
14823 NC71 HWY N

City	State	Zip Code
SHANNON	NC	28386

Mailing Address (If different than home address.)
P.O. BOX 72

City	State	Zip Code
SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence
ROBESON

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
000000330131		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
Robeson County Board of Elections

City P.O Box 2159 Lumberton **State** NC **Zip Code** 28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10.25.2018 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee by Mail Request

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	JUDY	ANNETTE	

Home Address (NC Residential Address.)	City	State	Zip Code
27 KUDZU CT	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 12	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
330150[illegible]18	843-5028	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO BOX 12	SHANNON	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/18/18 Date

Signature of Near Relative/Guardian (if applicable) X 10/18/18 Date

[redacted]v.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Wilkins	Robert	Lee	

Home Address (NC Residential Address.): 5274 Old Lowery Rd

City	State	Zip Code
Shannon	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

Voter Registration No. (Optional) | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address	Mailing Address
800 N. Walnut Street Lumberton, NC 28358	PO Box 2159 Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jacobs	Brenda			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
85 Denise Dr	

City	State	Zip Code	City	State
Pembroke	N.C.	28372		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Online		

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-25-18	X	

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Chavis	Susan	D		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
576 Chavis Road	

City	State	Zip Code	City	State
Red Spring	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/28/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jones	Bracy			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
435 Wild Plum Rd	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State
[redacted]		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8.30.18 Date	X Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Smith	Samuel	Dowling		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1580 Arthur Road	1580 Arthur Road

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below (or see instructions) [redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-27-18	X	

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	BARBARA	JEAN	F

Home Address (NC Residential Address.)	City	State	Zip Code
1285 MCGIRT RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Address above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10-3-13 (Date)

Signature of Near Relative/Guardian (if applicable)
X _____ Date

[redacted]ww.NCSBE.gov to check your voter registration or absentee voting status.

[redacted]VERSE FOR ADDITIONAL INFORMATION

[redacted]

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6, 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	EMILY	L	

Home Address (NC Residential Address.)	City	State	Zip Code
1589 DOC HENDERSON RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10.01.18 Date — X Nena O. Blue — 10.1.18 Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 6 Nov 18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BRYANT	JAMES	EDWARD	

Home Address (NC Residential Address.)	City	State	Zip Code
1172 UNION CHAPEL RD.	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional 340982

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 28 Oct 18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Castrejon	Vickie		

Home Address (NC Residential Address.)	City	State	Zip Code
2433 Mt Zion Church Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 583	Red Springs	NC	28377

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)

Phone (optional) 910-733-1329

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/24/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	JANICE	~~X~~ None	

Home Address (NC Residential Address.)	City	State	Zip Code
235 LAKEWOOD DR.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Democratic on
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	TRUDY	O	F

Home Address (NC Residential Address.)	City	State	Zip Code
288 ISAIAH RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only) 9-30-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Maynor	Gracie	Lee		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
70 Cheryl Lynn Drive	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/29/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11 6 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BARTON	PEGGY	LOU	

Home Address (NC Residential Address.)	City	State	Zip Code
228 BUCK RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
228 BUCK RD	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) — Date: 10 8 18

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11 6 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BARTON	ALAN	TRENT	

Home Address (NC Residential Address.)	City	State	Zip Code
228 BUCK RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
228 BUCK RD	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign X [redacted]

Signature of Near Relative/Guardian (if applicable)
X _____ Date

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312699746 NC8W1049744 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore-Graham	Wendy		

Home Address (NC Residential Address.)	City	State	Zip Code
453 Wl Moore Rd	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
	9104161474	stormy.195991@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 1685	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/17/2018 *(Date)* X _____ _____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
COLLINS	LARRY	N	M

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
308 LACY RD.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 521-2723	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
308 Lacy Road	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
COLLINS	SANNIE	REE	F

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
308 LACY RD.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 521-2723	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
308 Lacy Road	Maxton	N.C	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9-28-18 *Date*

Signature of Near Relative/Guardian (if applicable) X *Date*

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Amy	Jill	

Home Address (NC Residential Address)
710 Roberts Ave Apt A

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-6-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	KATIE	L	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
102 KEVER RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson	N/A	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
102 Kever Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/11/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
SENCENBAUGH	LLOYD	DANIEL		

Home Address (NC Residential Address.)	City	State	Zip Code	Mailing Address (If different than home address.)	City	State	Zip Code
2231 PRESTON RD.	MAXTON	NC	28364				

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted] er Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2231 Preston Rd,	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ 10/10/2018
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	BONFORD		

Home Address (NC Residential Address.)	City	State	Zip Code
377 LACY RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312698607 NC8W1050599 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRYANT	PHYLLIS	GAIL	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
39 BRYLOC RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

[redacted] ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Robeson	Phyllis G. Lowry	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-27-18 X
Date Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	DEBORAH	K	

Home Address (NC Residential Address.)	City	State	Zip Code
102 KEVER RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	N/A

Voter Registration No.	Phone (optional)	Email (optional)
Optional	734-7239	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
102 Kever Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-11-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	GENEIEVE	LOCKLEAR	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1224 JR RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional	910-8[illegible]4 8632	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1224 JR Road	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10-2-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWRY	CHRISTOPHER	BRENT	

Home Address (NC Residential Address.)	City	State	Zip Code
177 HAZARD DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
177 HAZARD Dr.	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ■ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/30/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Janet		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
904 Wiregrass Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No.: Online

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
			910-336-7422	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-29-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	JAMES	DANNY	JR

Home Address (NC Residential Address.)	City	State	Zip Code
1013 WARD STORE RD.	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State
[redacted]		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: obeson

Previous Name (if applicable):

[redacted]ter Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1013 Ward Store Road	Fairmont	N.C.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	CATHY	RANSOM	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1013 WARD STORE RD.	

City	State	Zip Code	City	State	Zip Code
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1013 Ward Store Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only) — 10-5-18 (Date)

Signature of Near Relative/Guardian (if applicable) — X — Date

[redacted] SBE.gov to check your voter registration or absentee voting status.

[redacted] RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Janet		

Home Address (NC Residential Address.): 94 Wiregrass Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
			9107851240	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-29-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BRITT	GRACE	JOHNSON	

Home Address (NC Residential Address.)	City	State	Zip Code
1000 WESLEY PINES RD., APT. 159	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10/24/18 (Date)	X (Date)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6 - 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
COX	LARRY	DEAN	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
654 LEGGETT RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
654 Leggett Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
			—	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signa[redacted]

X [redacted] 10-9-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192180121 NC8W1002578 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
COX	LYNN	LEWIS	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
654 LEGGETT RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson	N/A	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
654 Leggett Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
			—	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-9-18 (*Date*)

Signature of Near Relative/Guardian (if applicable) X (*Date*)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Callahan	~~Jerry~~ Karen	~~R~~ L		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
463 Leggett Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___	ROBESON	

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Unsure	910-740-8500	

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/28/18	X
Date	Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Callahan	~~Karen~~ Jerry	~~L~~ R		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
463 Leggett Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
ROBESON	

You must provide at least one identification number below. (see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone	910-618-7670	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/28/18	X	

[redacted]

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
EDWARDS	JOHNNIE	MAURICE	

Home Address (NC Residential Address.)	City	State	Zip Code
6842 S. CREEK RD.	ORRUM	NC	28369

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.: Optional

Phone (optional): 910-625-5173

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 6842 S Creek Rd | **City:** Orrum | **State:** NC | **Zip Code:** 28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-17-18

Signature of Near Relative/Guardian (if applicable) X

Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

Exhibit 42-1-22

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Campbell	Yvette			

Home Address (NC Residential Address)
730 Roberts Ave

City	State	Zip Code
Pembroke	NC	28372

Mailing Address (if different than home address)
1551 Pembroke

City	State	Zip Code
Pembroke	NC	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," date of your move: 1 / 1

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
GREYARD	MARY	ROBINSON	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1000 WESLEY PINES RD # 147L	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000380167		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9/25/18
Date

Signature of Near Relative/Legal Guardian (if applicable)
X
Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
GREYARD	MARY	ROBINSON	

Home Address (NC Residential Address.)	City	State	Zip Code
1000 WESLEY PINES RD # 147L	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

oter Registration No.	Phone (optional)	Email (optional)
00000380167		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	NEZZIE	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
2788 STONE RD.	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Rob CO, NC	Nezzie Lee Hunt

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-601-7835	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9-28-18	X	9-28-18

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on May 8. 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Oxendine	CARSON		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5701 N. Fayetteville Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

[redacted]BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Sampson	Terry		

Home Address (NC Residential Address.): 400 MLK Drive Apt 209

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/16/15 X

Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BRAYBOY	BRENDA	JOYCE	

Home Address (NC Residential Address.)	City	State	Zip Code
1253 RAEMON RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code
	Rowland	N.C.	28383

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-521-3687	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Si[redacted] Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313201546 NC8W1091036 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date) [redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BRAYBOY	LOUISE	N	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1253 RAEMON RD.	

City	State	Zip Code	City	State	Zip Code
ROWLAND	NC	28383			

[redacted] Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-521-3687	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signa[redacted]

X _____ Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313201571 NC8W1091038 IVNC

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133
absentee@mecklenburgcountync.gov

RECEIVED
SEP 10 2018
Campaign Finance Office
NC State Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Rodgers	Shaundella		

Home Address (NC Residential Address.): 317 High St.

Mailing Address (If different than home address.): PO Box 3366

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 3366	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-24-18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
SULLIVAN	TAMMY	KAYE	Mrs

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4188 UNION SCHOOL RD.	

City	State	Zip Code	City	State	Zip Code
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	Tammy Kaye Scott

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4188 Union School Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-27-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Baker	Williams		

Home Address (NC Residential Address.): 2891 Purvis Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (If applicable)

8-20-18 X _____ _____
Date Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suf
PATE	EDNA	B	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
308 FLETCHER RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
[redacted]	

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
308 Fletcher Rd.	Rowland	NC.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]

9-17-18 *Date*

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192181189 NC8W1091896 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
KILROY	JOHN	FRANCIS	

Home Address (NC Residential Address.)	City	State	Zip Code
539 BERTHA JONES RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted] ter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-1-2018 (Date) X

Signature of Near Relative/Guardian (if applicable)

(Date)

[redacted] BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard	Joyce	Elaine	

Home Address (NC Residential Address.): 6015 Elrod Road

Mailing Address (If different than home address.):

City	State	Zip Code
Rowland	NC	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 9-5-18 Date

Signature of Near Relative/Guardian (if applicable): X ___ Date

[redacted]

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6th 2018 (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	JOYCE	STRICKLAND	

Home Address (NC Residential Address.)	City	State	Zip Code
6015 ELROD RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6015 Elrod Road	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-28-2018 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF EL
P. O. BOX 27255
RALEIGH, NC 27611-725

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STA

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Ford	Elsie	Mae	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
728 Pittman Loop Rd # B	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-628-6758	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
728 Pittman Loop Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-29-18 (Date) X Albert E. Ford 10-29-18 (Date)

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
CURRY	MARY	LOUISE	

Home Address (NC Residential Address.)	City	State	Zip Code
1916 WILLIAMSON RD.	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 733 3568	NONE

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1916 Williamson Road	FAIRMONT	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date: Sep. 27, 18

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (*Election Type (Primary, General, Municipal, Special, etc.)*) on TUESDAY, NOV 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
PARHAM	THADDEUS	CLAUDE	III

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1109 PINE RUN DR.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/1/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Simms	Diana	S	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
706 Hully St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X [redacted] _____
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type) on Nov. 6 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BAXLEY	CATHERINE	FIELDS	Mrs.

Home Address (NC Residential Address.)	City	State	Zip Code
2950 OLD WHITEVILLE RD., # LOT-17	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2950 old Whiteville Rd. Lot-17	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name		Requestor's Address	Name of Corporation (If appointed legal guardian)
Russell Marvin Baxley Mr.	☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian	2950 old Whiteville Rd, Lot-17	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	N.C.	28358	910-671-4438	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X Russell Marvin Baxley — Date: 10-17-18

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Branch	LILLIAN		

Home Address (NC Residential Address.)	City	State	Zip Code
1555 Willis Ave.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
282 Snake Rd	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

You must provide at least one identification number below. (see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

[redacted] living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X _____ _____
Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
HAIRR	KENNETH	ELWOOD	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1789 SINGLETARY CHURCH RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted] er Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1789 Singletary Ch Rd	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] Date	X Sept 29 18 Date

[redacted] .gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

331

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Locklear	Velma		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5701 N Fayetteville Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Walker	Bonnie	Ruth	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2517 7th St Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

2517 7th St Rd	City: Lumberton	State: NC	Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Arnold Walker, Jr

[X] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email
2517 7th St Rd	Lumberton	NC	28358		738.4415	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X A Walker, Jr — Date: 10/22/18

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jackson	Henry	Thomas	

Home Address (NC Residential Address.)	City	State	Zip Code
2570 Singletary Church Rd	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
000000411393		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6197 Boughton Ct	Greensboro	NC	27410

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/15/2018 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LEE	MARY	LYNN	

Home Address (NC Residential Address.)	City	State	Zip Code
907 JAMES ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted] ter Registration No. [illegible] | Phone (optional) | Email (optional): lynnlee365@rocketmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 907 James St. | City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 09/27/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted] BE.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Beal	Larry		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Election / Primary / General Nov. 4 - 19 or whenever
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MORRISON	CLARA	MAE	

Home Address (NC Residential Address.)	City	State	Zip Code
1931 EASTWOOD TER.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signa[redacted]gnature of Near Relative/Guardian (if applicable)

X _____ _____
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

3312678591 NC8W1035053 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
PREVATTE	BARBARA	PEARSON	

Home Address (NC Residential Address.)	City	State	Zip Code
100 DEUCE DR.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

er Registration No.	Phone (optional)	Email (optional)
Optional	910 738-7552	barbaraprevatte@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Robeson County Board of Elections	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name BARBARA (Middle) P (Last) PREVATTE (Suffix)

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
100 DEUCE DR			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton, NC	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-3-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 - 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
STILES	SHIRLEY	RAE		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
499 BEULAH CHURCH RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]	**County of Residence**	**Previous Name** (if applicable)

[redacted]	**Registration No.**	**Phone** (optional)	**Email** (optional)
	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	**City**	**State**	**Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			**Name of Corporation** (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

3192175754 NC8W1039628 CVNC

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Kimberly	Rachel	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
501 East Stack Street	ST. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
501 East Stack Street	ST. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5.24.18 X

Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: midtern *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LEE	SUELLA	SCHROEDER	

Home Address (NC Residential Address.)	City	State	Zip Code
54 PLATEAU LN.	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
54 Plateau Lane	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

9/27/18 Date — X — Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Parker	Lenora	P	

Home Address (NC Residential Address.): 514½ E 9th St

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than ~~30 days?~~ ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional): 484 1003

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?):

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

5-21-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 42 S2

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6-2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	LEVON		

Home Address (NC Residential Address.)	City	State	Zip Code
953 REV N. O THOMPSON RD.	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only) | Signature of Near Relative/Guardian (if applicable)

10-8-18 (Date) X (Date)

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted] ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mckee (Morrison)	Mishell	Morrison	

Home Address (NC Residential Address.): 110 Front St

Mailing Address (If different than home address.): 110 front st

City	State	Zip Code
Lumberton	N.C.	28358

City	State	Zip Code
Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
110 front St.	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/2/18 Date X Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbae@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
DEESE	DEBBIE	DIANE	

Home Address (NC Residential Address): 6371 E Raynham Rd 28340

Mailing Address (if different than home address.):

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
BELL	ELEANOR	SCOTT	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2803 MARY C RD	

City	State	Zip Code	City	State	Zip Code
ST PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

oter Registration No.	Phone (optional)	Email (optional)
00000415484	910-843-3812	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2803 MARY C ROAD	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/2/20 Date — X — Date

E.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*) [redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BELL	ELEANOR	SCOTT	

Home Address (NC Residential Address.): 2803 MARY C RD.

City: SAINT PAULS | **State**: NC | **Zip Code**: 28384

Mailing Address (If different than home address.)

City | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number | SSN: X X X - X [redacted]

Voter Registration No.: Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
STEWART	GENE	LYNDON	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
307 CAROLINA STREET	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
307 CAROLINA STREET	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/2018 *Date*

X Linda Lee Stewart

10/12/2018 *Date*

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

Do not write in this space

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Dendine	Connie	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5795 Old Stage Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-628-6143	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Wanda~~ Evans	Wanda		

Home Address (NC Residential Address.): 705 A Floyd St

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

[redacted]

City	State	Zip Code

[redacted] ☐ Yes ☐ No

County of Residence

Previous Name (If applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WILKERSON	GERALD	MCBRYDE	JR

Home Address (NC Residential Address.)	City	State	Zip Code
404 SHOE HEEL ST.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

nature of Near Relative/Guardian (if applicable)

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192178633 NC8W1050770 CVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	JAMES	A.	

Home Address (NC Residential Address.): 2025 S. MIKST.

Mailing Address (if different than home address.):

City	State	Zip Code
Rowland	N.C.	28383

City	State	Zip Code
Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/20/18 (Date)

[redacted] your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BETHEA SINCLAIR	IRIS	LARAYE	

Home Address (NC Residential Address.)	City	State	Zip Code
509 E. 18TH ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
509 E 18th St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signa[redacted]

X _____

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312676381 NC8W1039936 IVNC

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bethea-Sinclair	Iris	LaRaye	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
509 E 18th St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-590-6071	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/16/18 (Date)

Signature of Near Relative/Guardian (If applicable) X _____ (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McDuffie	Dorothy	Hall		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
210 N. Edinborough St	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Original		

[redacted]

Absentee Mailing Address (WHERE should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Date 8-23-18

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullock	Lancy		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
109 Benjamin st	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Orignone		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X

Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Beeste	Sylvester		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2170 California Dr.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /	Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/2/18 Date

X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Gordon	Roberta	Louise	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
110 Mc Laurin Street	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 494-3988	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/22/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28358 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Altman	Brice	Leon		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1565 mcmillian siding Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
1565 McMillian Sid[redacted]	Parkton	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (if appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

___ Date

X 6-7-18 Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on NOV 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
THOMPSON	RUBY	NEIL	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
59 MANNING RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
ROWLAND	NC	28383	Rowland	N.C.	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence Robeson

Previous Name (if applicable)

Voter Registration No. Optional

Phone (optional) 910-610-8965

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

9-30-2018
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCINNIS	REBECCA		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 459	

City	State	Zip Code	City	State	Zip Code
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

oter Registration No.	Phone (optional)	Email (optional)
Optional	910-994-0762	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 469, Rowland N.C.	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____

Signature of Near Relative/Guardian (if applicable)
X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	TERRY	RAY	

Home Address (NC Residential Address.)	City	State	Zip Code
1337 BRAYBOY RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence | Previous Name (If applicable)

[redacted]

ter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1337 Brayboy Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313191346 NC8W1091083 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on November 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	SUSIE	C	

Home Address (NC Residential Address.)	City	State	Zip Code
1337 BRAYBOY RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. Optional | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1337 Brayboy Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-9-18 (Date) X (Signature of Near Relative/Guardian (if applicable)) (Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

State Absentee Ballot Request Form

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
Dial	Cynthia		[redacted]

Home Address (NC Residential Address): 4568 Elrod. Rd.
City: Rowland | State: N.C. | Zip Code: 28383

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional)

Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/5/18 X
Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Parias	Pernella		

Home Address (NC Residential Address): 268 Path Rd.
City: fairmont State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): (910) 405-9735

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-6-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8, 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Dial	Martin	Luther		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
174 Majestic Drive	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Mailing Address (If different than home address.)	City	State	Zip Code
174 Majestic Drive	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Rhonda Dial (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☒ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
PO Box 3216 7760 Hwy 72 west			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Pembroke	NC	28372	910-827-1086	rhondadial@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X Rhonda Dial Date 4-12-18

[redacted]

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.2.8

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	ILSE	MARGRET	

Home Address (NC Residential Address.): 504 RUSSELL ST.
City: PEMBROKE State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☑ Yes ☐ No
If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)
City State Zip Code

County of Residence
Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or ID Number
SSN: XXX - XX [redacted]

Voter Registration No.: Optional
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 504 Russell Street
City: Pembroke State: NC Zip Code: 28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/28/18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

EVERSE FOR ADDITIONAL INFORMATION

NCSBI1058181 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	BENNIE	DAVIS	

Home Address (NC Residential Address.)	City	State	Zip Code
1688 E. WHITE POND RD.	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1688 E. WHITE POND	FAIRMONT	NC	28340-6336

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

18 Date

Signature of Near Relative/Guardian (if applicable)

X Martha Jones Hunt 9-19-18 Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MCGIRT	STEPHANIE	LOCKLEAR	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1899 PRESTON RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/2/18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

CSBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary, General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
ARNETTE	JOE	ALLEN	

Home Address (NC Residential Address.)	City	State	Zip Code
48 UNION SCHOOL RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: obeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional): 910-671-7046

Email (optional): dajaarnette@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
48 Union School Rd.	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable) X Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request

[redacted] County Board of Elections
[redacted]
[redacted] FAX: [redacted]
[redacted]@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Tosha	Lynn	

Home Address (NC Residential Address.): 2110 Turner Place

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 (Date) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Chavis	LARRY	[illegible]	

Home Address (NC Residential Address.): 1009 HANCOCK

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28358

City	State	Zip Code
LUMBERTON	NC	28358

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	9103692961	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-13-18 X _____

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Michael		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1494 NC Hwy 211					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/10/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
PATTERSON	DELTHIA		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
217 E SUNSET DR	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000417902		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Eva Patterson Heath

☐ spouse ☒ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
408 Mc Googan St	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Red Springs	NC	28377	910-843-4372	evapattersonheath@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date		Date
	X Eva Patterson Heath	4/27/2018

BE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.)* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Pittman	Sarah	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
Westgate Terrace Apt 11A	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Westgate Terrace Apt 11A	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Apr 25 18 *Date* X _____ *Date*

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
JACKSON	MARY	A	

Home Address (NC Residential Address.)	City	State	Zip Code
1107 E. 10TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
			28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~General~~ Mid-term *(Election Type (Primary, General, Municipal, Special, etc.))* on Nov. 6 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	MELISSA	SUE	

Home Address (NC Residential Address.)	City	State	Zip Code
1916 OLD BAKER RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1916 Old Baker Road	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-10-18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X *(Date)*

[redacted]ov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Simpson	Barbara		

Home Address (NC Residential Address.)	City	State	Zip Code
2071 Kenric Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1800 Riverside Blvd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Sandra Chavis

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

_____ Date

X Sandra Chavis 4-12-18 Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
White	Charles	FRANKLIN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4384 South Robeson Rd	Rowland.	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 747	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ _____ Date

SBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Braham	Jayla	L	

Home Address (NC Residential Address): 196 Melbourne Rd
City: Rowland | State: NC | Zip Code: 28383
Mailing Address (if different than home address.)
City | State | Zip Code
[redacted] lived at this address for more than 30 days? ☐ Yes ☐ No
County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 (Date) X (Date)

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Tony		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
909 E 1st	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robe	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/18/18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Conely	Felicia	Monique	

Home Address (NC Residential Address.)	City	State	Zip Code
126 Johnson Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
126 Johnson Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 Date X Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

Exhibit 4-2-22

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Brian	Keith	

Home Address (NC Residential Address.)	City	State	Zip Code
2803 Evergreen Church Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]			910/733/6852	

Ballot Mailing Address	City	State	Zip Code
2803 Evergreen Church Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 3/29/2018 Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General Day McCarty (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/16 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Barnes	Annie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
307 Birch St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

ter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X

Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Buie	Glenda	M	

Home Address (NC Residential Address.): 1758 Britt Rd

Mailing Address (If different than home address.):

City	State	Zip Code
St Paul	NC.	28326

City	State	Zip Code
	NC.	

[redacted]

Lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Lenore		

Home Address (NC Residential Address.): 305 Water St Apt 3

City	State	Zip Code
Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No.: Online | **Phone** (optional): (910) 633-9589 | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8-21-18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WILSON	TRULA	GLENN	

Home Address (NC Residential Address.)	City	State	Zip Code
209 RUTH DIAL ST., APT. 20	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
209 Ruth Dial St. Apt. #20	Pembroke	N.C	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-6-18 X

Date Date

...v.NCSBE.gov to check your voter registration or absentee voting status.

...ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-16 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BURNETT	ZELDA		

Home Address (NC Residential Address.)	City	State	Zip Code
2227 BEULAH CHURCH RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the absentee ballot be mailed?)	City	State	Zip Code
Zelda Burnett 2227 Beulah Church Road	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-28-16 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	LINDA	MAYNOR	

Home Address (NC Residential Address.)	City	State	Zip Code
1305 OAKGROVE CHURCH RD.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.): N/A

City: N/A State: Zip Code:

County of Residence: Robeson

Previous Name (if applicable): N/A

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1305 Oak Grove Church Rd | City: Lumberton | State: NC | Zip Code: 28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: N/A

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089

robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
ROOKER	BOBBIE	DIXON	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
32 Rachel St.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
			28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No. Optional:

Phone (optional):

Email (optional): VOOK.bobbie@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?)

Absentee Mailing Address	City	State	Zip Code
32 Rachel St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: STEVEN ROOKER

☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 32 Rachel St.

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-734-7247	N4

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10.14.18 Date

10-16-18 Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
[redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Speights	Patty	W	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
136 Patterson Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC.	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence **Previous Name** (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Aug 9/18 X _____
Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Southern	Annie	A		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
808 South Walnut Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O Box 994	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/28/18 (Date)	X [signature] (Date)

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Jersey	Jackie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1830 Rozier Stirling Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1830 Rozier Stirling Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/19/18 (Date) X _____ (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on Nov - 6 - 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
IVEY	ROCK	EDWIN		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1392 S. BROAD RIDGE RD.	

City	State	Zip Code	City	State	Zip Code
ORRUM	NC	28369			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1392 South Broadridge Rd.	Orrum	N.C.	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-27-18 (Date) X _____ (Date)

[redacted]gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Oyendine	Betty	F	H

Home Address (NC Residential Address)
2884 Covington Farm Rd

City	State	Zip Code
Shannon	N.C.	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence: Sam

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Or None	910-366-6281	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Quendrue	Linda	Hecok	

Home Address (NC Residential Address.)	City	State	Zip Code
3376 Bois Child Rd	Red Spring	NC	28377

[redacted] Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

9-18-18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Moody	Sherman		

Home Address (NC Residential Address.): 1951 Baltimore Church Rd.
Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City | State | Zip Code

[redacted] ☐ Yes ☐ No

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No.: [redacted]
Phone (optional): 910-628-7624
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 09/05/18
Date

[redacted] to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted] Box 31788
[redacted] Charlotte, NC 28231
[redacted] 704-336-2133 [redacted] FAX: 704-319-0727
[redacted] absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BROOKS	ROSE		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
720 Holly Street	

City	State	Zip Code	City	State	Zip Code
PAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	325-0894	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X [redacted] Aug-6, 2018
Date

[redacted].gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard	Rowena	Marca	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1209 Lowery street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1204 Jacobs Str	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Or none		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1204 Jacobs street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8.24.18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Edwin	N/A	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1766 Pine Log Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

7/30/18 (Date) x _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hatcher	Christopher	Shea	

Home Address (NC Residential Address.)	City	State	Zip Code
138 Clovis Dr	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
PO Box 507	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910)736-5060	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-8-18 X _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 232

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/3/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	SCHNELE	KERNS	

Home Address (NC Residential Address.)	City	State	Zip Code
885 ALFORDSVILLE RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable): Schnele R. Kerns

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
885 Alfordsville Road	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 10/3/2018 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	VICKY	LYNN	

Home Address (NC Residential Address.)	City	State	Zip Code
5223 W. MCDUFFIE CROSSING RD.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5223 W McDuffie Crossing Rd	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/9/18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted] check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312685366 NC8W1046833 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Thompson	Annie	P		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
485 Harlayville Rd.	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Rob	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 521 2160	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/16/2018 Date X _____ Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Sampson	Ellen	Ruth	

Home Address (NC Residential Address.)	City	State	Zip Code
346 Eddie Sampson Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
346 Eddie Sampson Rd	Lumberton	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional): 910 521-0423 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

8.2.18 Date X Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SAMPSON	ELLEN	RUTH	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
346 EDDIE SAMPSON RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-2-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request (Online)
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Brandi	Barton	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
414 Eddie Sampson Rd.	

City	State	Zip Code	City	State	Zip Code
L'ton	NC		L'ton	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 Date

X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Lowery	Ricky		

Home Address (NC Residential Address.)	City	State	Zip Code
400 MLK Drive Apt G8	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/30/18 X _____

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suff
Locklear	Spurgeon	Price	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1499 Snipes Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			
Have you lived at this address for more than 30 days? ☑ Yes ☐ No			**County of Residence**	**Previous Name** (if applicable)	
[redacted]			**Voter Registration No.** Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

16-23-2018 X
Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BARTLEY	VALIE	ANN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
609 BALTIMORE CHURCH RD.	

City	State	Zip Code	City	State	Zip Code
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-27-18 (Date) X _____ (Date)

...gov to check your voter registration or absentee voting status.

...SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All (*Election Type (Primary, General, Municipal, Special, etc.)*) on ALL (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
PEVIA	TRENIA	OXENDINE	

Home Address (NC Residential Address.)	City	State	Zip Code
2124 E. 7TH ST., APT. C8	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Graves	Janice	J	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
316 Eden Ave.	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C.	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/18/18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

1092 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lambert	Zoey		

Home Address (NC Residential Address.)	City	State	Zip Code
528 Tedder Rd.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

F-1778 X

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Shirley	M.	

Home Address (NC Residential Address.)	City	State	Zip Code
56 Robinwood Apartments	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]		X	

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (Election Type (Primary, General, Municipal, Special, etc.)) on 11.4.18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	SARAH	L	

Home Address (NC Residential Address.)	City	State	Zip Code
321 OLIE DR.	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
321 OLIE DR.	PEMBROKE	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

10.6.18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Samuel	Mary	M.	

Home Address (NC Residential Address.)

Mailing Address (If different than home address.) 2308 Alexander

City	State	Zip Code	City	State	Zip Code
			lumberton	NC	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence | **Previous Name** (if applicable)

Voter Registration No. (if known) | **Phone** (optional): 910-374-0441 | **Email** (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8-17-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Samuel	Mary	M	

Home Address (NC Residential Address.)	City	State	Zip Code
8308 Alexander St			

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic MB ~~☐ Republican~~ ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, ~~General~~, Municipal, Special, etc.))* **on** Nov. 6 2[redacted] *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LEWIS	FAYE	G	

Home Address (NC Residential Address.)	City	State	Zip Code
1119 FURMAN DR.	LUMBERTON	NC	28358

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Sigi	Michelle	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
650 Saint James Cir	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C	28358	Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)
	225-2676	—

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

11-31-18 (Date) X (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Fronia	>Freeman		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
5701 N Fayetteville Rd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

EXHIBIT 42.2.2.2

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McCall	Richard	E.	[redacted]

Home Address (NC Residential Address.): 2180 Nevada St.

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2180 Nevada St.

City	State	Zip Code
Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

REM

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Graham	Myra	S	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
206 Lark Ave	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] Date: 8-30-2018

Signature of Near Relative/ Guardian (if applicable): X _____ Date: _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
McLellan	Connie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
141 Ralph Hunt Blvd	

City	State	Zip Code	City	State	Zip Code
Orrum	NC	28369			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
141 Ralph Hunt Blvd	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-30-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name *	First Name *	Middle Name	Suffix	Date of Birth *
Hunt	Barbara	A		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
200 Moore Plaza (Martin Luther King Dr.)	

City *	State *	Zip Code *	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/30/18	X	

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 4104 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-19 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Bowers	Elisa	Dndae	

Home Address (NC Residential Address.)	City	State	Zip Code
116 east 7th ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
116 East 7th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

04-25-18 X

Date Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bowers	Heather	Atman		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-25-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General on 11-6-18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bowers	Heather	A Tyran	

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence | Previous Name (if applicable)

Voter Registration No. Optional | Phone (optional) | Email (optional)

[redacted]

Absentee Ballot Request

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
SHULTZ	FRANCES	CATHERINE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
6331 RENNERT RD.	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-29-18 X _____
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

3192183229 NC8W1098114 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-2018. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
DIAL	WOODROW	TERRANCE	SR

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 2102	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. box 2102	Pembroke	N.C.	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: obeson

Previous Name (if applicable):

[redacted] ter Registration No. Optional

Phone (optional):

Email (optional): teedee245@G-mail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Po. box 2102	Pembroke	N.C.	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Voter (optional)

X [redacted] 10-20-18 Date

Signature of Near Relative/Guardian (if applicable)

X Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313196417 NC8W1060890 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	VICKIE	LYNN	

Home Address (NC Residential Address.)	City	State	Zip Code
2421 MOORES LN.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)
X _____ 9-30-18
Date

Signature of Near Relative/Guardian (if applicable)
X _____ _____
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312682130 NC8W1036461 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	EARL		II

Home Address (NC Residential Address.): 414 CIRCLE DR.

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 414 Circle Dr

City	State	Zip Code
Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

09-28-18
Date

Signature of Near Relative/Guardian (if applicable)

X Jessica Oxendine

09-28-18
Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
AtKinson	LaKita		

Home Address (NC Residential Address.)	City	State	Zip Code
432 Deer stand Dr	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-29-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 42-2

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
SPAULDING	CARA	MAE	

Home Address (NC Residential Address.)	City	State	Zip Code
1034 CHAVIS RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME As Above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si[redacted]

10-1-18 *Date*

Signature of Near Relative/Guardian (if applicable)

X _____ *Date*

[redacted]SBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312701779 NC8W1078176 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BRUNSON	GENO	M	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 2786	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28359			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
0000[redacted]2802		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 2786	Lumberton	N.C.	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-08-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Campbell	STAFFoney		[redacted]

Home Address (NC Residential Address.): 504 W 20th Street

City	State	Zip Code
Lumberton	NC	28358

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: __/__/__

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.: (optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/10/18 X _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Bascom	Linda	Lupo	

Home Address (NC Residential Address.)	City	State	Zip Code
410 W. McLean St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
410 W. McLean St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/18/18 Date

X Signature of Near Relative/Legal Guardian (if applicable)

Date

[redacted] CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWERY	HERMAN	LEE	JR

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
273 MOUNT ZION RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

[redacted]

County of Residence	Previous Name (If applicable)	
ROBESON		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional	910-257-3344	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
273 MOUNT ZION ROAD	LUMBERTON	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

29 Sept 16 — Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Request for Absentee Ballot

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Pratt	Thomas	Vernon	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1102 Furman Drive					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-12-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
SPAULDING	WAKITA	DEWAYNE	

Home Address (NC Residential Address.)	City	State	Zip Code
1034 CHAVIS RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter on	Signature of Near Relative/Guardian (if applicable)
10-1-18 Date	X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11.6.18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
WARWICK	VICKI	TOWNSEND		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
176 BOURBON ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
176 Bourbon St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2014 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
ROGERS	BRENDA	~~HORNE~~ Watson	

Home Address (NC Residential Address.)	City	State	Zip Code
405 W. TOWNSEND ST.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
~~Optional~~ 423679	910-747-5063	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
405 W. Townsend St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9/28/18 (Date) X

Signature of Near Relative/Guardian (if applicable) _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
MORGAN	RALPH	N	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
~~PO BOX 57~~ 2424 Rice Road	Po Box 57

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

ter Registration No.	Phone (optional)	Email (optional)
Optional	910-536-5185	ralphmorgan54@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Po Box 57	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-18-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS	ERNEST		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 58	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386	ROBESON CO	NC	

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

SEP 27
Date

Signature of Near Relative/Guardian (if applicable)

X WANDA-LOCKLEAR SEP. 27
Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
INDYK	SHELVIE	DIAL	

Home Address (NC Residential Address.)	City	State	Zip Code
250 BERNES DIAL RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. Optional | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 250 BERNES DIAL DR. | City: Rowland | State: NC | Zip Code: 28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

[redacted]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313191633 NC8W1091656 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MORGAN	CAROLYN	PIERCE	

Home Address (NC Residential Address.)	City	State	Zip Code
68 PIERCE DR.	LUMBER BRIDGE	NC	28357

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
68 Pierce Dr.	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/27/18 X

Date Date

gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov. 6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MORGAN	JAMES	EARL	

Home Address (NC Residential Address.)	City	State	Zip Code
68 PIERCE DR.	LUMBER BRIDGE	NC	28357

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
68 Pierce Dr.	Lumber Bridge	N.C.	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-26-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SPAULDING	JAMES	ELMER	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3388 RENNERT RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Knox		

Home Address (NC Residential Address.): 1932 Whistling Rufus Rd.

Mailing Address (If different than home address.)

City	State	Zip Code
Pembroke	NC	28372

City | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previou**

Voter Registration No. Optional | **Phone (**

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/27/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address 800 N. Walnut Street Lumberton, NC 28358
Mailing Address PO Box 2159 Lumberton, NC 28359
PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Edwards	Earl		SR

Home Address (NC Residential Address.): 122 Roberts St

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Cindone		

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/22/2018 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Harrington	Deborah	Bethea		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
110 fairfield Dr Lot #55	110 fairfield D.r.

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.: Unsure

Phone (optional): 910-8538515

Email (optional):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 08-24-18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28302-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Dunham	Danielle			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1284 Britt Rd	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-13-18 X

Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Marshall		

Home Address (NC Residential Address.)	City	State	Zip Code
584 Philadelphus Rd.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/27/18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffi
Thomas	James	K	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
175 harsey st	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

10-26-18 _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Revels	Jimmy		

Home Address (NC Residential Address.)	City	State	Zip Code
604 Henry Lane EXT	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-734-6974	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

8/7/18 Date X _____ Date

[redacted]E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Dem (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
LOCKLEAR	ELANOR	SLATE		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
PO BOX 2152			PO Box 2152		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

ter Registration No.: 129519

Phone (optional): 910-734-[illegible] 6/4/23

Email (optional): Elenorlocklear@Bellsouth.Net

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 2152	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature [illegible] Date

Signature of Near Relative/Guardian (if applicable)

X 10-03-18
Date

[redacted]

E.gov to check your voter registration or absentee voting status.

[redacted]

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Eubanks	Norma	J	

Home Address (NC Residential Address)
2403 Lewis McNeil Rd

City	State	Zip Code
Red Springs	N.C.	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

_____ Date X _____ Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Locklear	Cornell		

Home Address (NC Residential Address.)	City	State	Zip Code
3009 Daniel McLeod Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date X Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Caple	Addie	M	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
123 Caple St.	PO Box 3738

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28359	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 738-3515	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsboe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Farley	Michael	Joseph	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
4833 Pinedale Blvd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08-15-18 X _____ _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobas	Dobie		

Home Address (NC Residential Address.)	City	State	Zip Code
160 Brigman St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: 8/22/18

County of Residence	Previous Name (if applicable)
Red Springs	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
160 Brigman St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

ter registration or absentee voting status.

V2018.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Barton	Betty	Rose	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4972 Red Hill Rd Apt 145	

City	State	Zip Code	City	State	Zip Code
Malton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]		

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4972 Red Hill Rd Apt 135	Malton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
STOCKER	DONALD	R	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
325 WILKERSON Rd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-06-18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

Absentee ballot request form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
rogers	~~martin~~ Melvin		

Home Address (NC Residential Address.)	City	State	Zip Code
18 Mercenary rd. ~~PO Box~~	orum	NC	28369

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
(optional)	910-740-1849	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

Date 10-17-18

...NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Sandra	Ann	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
900 Smith Circle	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
900 Smith Circle	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Gary (Middle) Hunt (Suffix)

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
900 Smith Circle	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Pembroke	NC	28372	9105271174	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

08/13/18 X _____
Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
SMITH	GEORGE	HARRY	JR

Home Address (NC Residential Address.)
7104 E RAYNHAM RD

Mailing Address (If different than home address.)

City	State	Zip Code
FAIRMONT	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence
ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No.
000000425323

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
7104 E Raynham Rd

City
Fairmont

State
NC

Zip Code
28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-12-18X
Date

Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	James	Henry	

Home Address (NC Residential Address)			Mailing Address (If different than home address.)		
101 Spruce St.					
City	State	Zip Code	City	State	Zip Code
Lumberton	N.C	28358			

[redacted] ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-06-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Graham	John	H	

Home Address (NC Residential Address): 1251 Miller RD

City	State	Zip Code
Fairmont	NC	28340

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: RC

Previous Name (if applicable):

[redacted]

Voter Registration No.

Phone (optional): 910-422-3280

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] Date

x 9-6-18 Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McCormick	Bristol	Juarez	[redacted]

Home Address (NC Residential Address.)
1505 Sprunt Street

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: __/__/____

[redacted]

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)

Phone (optional)

Email (optional)

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/15/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
lowery-Mitchell	michele	L	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2438 lock lear Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-28-18
Date

Signature of Near Relative/ Guardian (If applicable)

x
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Monds	Robert	Earl	

Home Address (NC Residential Address.): 387 Ira Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.: Optional

Phone (optional): 9107144690

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?): 387 Ira Rd

City	State	Zip Code
Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Carla (First) O (Middle) monds (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: Same

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
			9107366226	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X Robert Monds Date

voter registration or absentee voting status.

V2013.11

Exhibit 4.2.2.8

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary, General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/2020 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
JORDAN	WENDY	M	

Home Address (NC Residential Address.): PO BOX 2521 132 Wessie Drive
City: PEMBROKE State: NC Zip Code: 28372

Mailing Address (If different than home address.): 132 Wessie Drive
City: Pembroke State: NC Zip Code: 28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No
If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson
Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)
NC License or ID Number:
SSN: XXX-XX-[redacted]

Voter Registration No.: Optional
Phone (optional): 910-843-3960
Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 132 Wessie Drive
City: Pembroke State: NC Zip Code: 28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Sig[redacted] 10/1/18 X
Date

Visit www.[redacted] check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	DONNA	DELORIS	

Home Address (NC Residential Address.)	City	State	Zip Code
219 TEACHERS LN.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
219 Teacher LN	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

9/27/18 *Date* X

Signature of Near Relative/Guardian (if applicable)

Date

NCSBE.gov to check your voter registration or absentee voting status.

REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 4 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
OBEDA	TABATHA	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
220 WINTERGREEN DR., STE. A	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
220 Wintergreen Dr. Ste-A	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10.4.18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Application Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Amy	Dawn	

Home Address (NC Residential Address.)	City	State	Zip Code
729 Brookfield Dr.	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
729 Brookfield Dr.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18 Date X _____ Date

[redacted]E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
MCGUGAN	JOYCE	ATKINSON	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
208 14th ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted] ter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/10/18 X
Date

Date

o check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
McGUGAN	JOYCE	Atkinson	

Home Address (NC Residential Address.)	City	State	Zip Code
208 E. 14th ST.	Lumberton	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code: Ø

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 736 4686	mcguganART@mac.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State / Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S[redacted]
Sinclair	Clayton		

Home Address (NC Residential Address.)	City	State	Zip Code
2504 Alexander St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2504 ALEXANDER STREET	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☑ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/21/18 X
Date Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
VILLA	GUILLERMO	NO. MN	M

Home Address (NC Residential Address.)	City	State	Zip Code
91 DIAMOND CIR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
SAME	SAME	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: 000000479338

Phone (optional): (910) 740-6398

Email (optional):

000000479338

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9-29-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTIONS (Election Type (Primary, General, Municipal, Special, etc.)) 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
CALHOUN	NATASHA	LATOYA	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
437 HENDRYX RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
RED SPRINGS	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 HENDRYX RD.	RED SPRINGS	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name N/A (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: N/A

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature (Only) 10/8/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Harrington	Joseph Hari			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
110 Fairfield DR Lot 55	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
110 Fairfield DR Lo	Maxton	NC	2836

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-676-0268	

[redacted]

ty	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature [redacted]

-24-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Demeritte		

Home Address (NC Residential Address.)	City	State	Zip Code
608 S. Morro Street	Fairmont	NC	28340

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

ter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/2/2018 (Date) X (Date)

.gov to check your voter registration or absentee voting status.

Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Jones	Elizabeth	Louise	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1002 Cherokee St	Lumberton	NC	28375

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

S[redacted] 10/17/2018 **Signature of Near Relative/Guardian** (if applicable)

X _____ _____
Date

[redacted]

www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
TODD	BETTY	DEESE	Mrs

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3990 ELROD RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3990 Elrod Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Roberts	Charles	Eugene	[redacted]

Home Address (NC Residential Address.): 787 Briarcliff Lane

Mailing Address (If different than home address.): —

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	—		—

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No.: Optional | **Phone** (optional) | **Email** (optional)

Absentee Mailing Address (Where should the ballot be mailed?): 787 Briarcliff Lane | **City**: Lumberton | **State**: NC | **Zip Code**: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Gwendolyn (First) Octavia (Middle) Roberts Rayes (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X [signature] 10/29/18
Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bullard	Mary	R		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
110 Locklear Rd.	

City	State	Zip Code	City	State
Pembroke	NC	28372		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Cmone		

	ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/28/18 (Date)	X (Date)

.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Woodruff	Brooke	Herring	Mr

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1985 Austin Dr.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/12/18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Democratic *Election Type (Primary, General, Municipal, Special, etc.)* on 9/27/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MARTIN	VERONICA	JEAN	

Home Address (NC Residential Address.)	City	State	Zip Code
133 KING TUCK RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☒ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
133 King Tuck Road
St. Pauls NC-28384

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☒ Email

Fax Number or Email Address
queenV64@gmail.com

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable)
X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 208 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Mc Arthur	George	Page	

Home Address (NC Residential Address.)	City	State	Zip Code
223 Benton	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 923	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	Rt. 2 Box 28A

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-28-19 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Su
DIAL	FAYE	OXENDINE	[redacted]

Home Address (NC Residential Address.): 11623 US74 HWY W

Mailing Address (If different than home address.):

City	State	Zip Code
MAXTON	NC	28364

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000428767		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
11623 US Hy 74	Maxton	N.C	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-25-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Moore	Americus			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
601 S. Morro St	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.: Online

Phone (optional): 910-738-4003

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) [redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 9-17-18

Signature of Near Relative/Guardian (if applicable) X Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Lachema	Lasette	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
601 Canal Street	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Undone

Phone (optional): 910-280-1339

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
601 Canal Street	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/6/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Vanderhall	Alena		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
206 Benton Ct	

City	State	Zip Code	City	State	Zip Code
Bowland	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

5/28/18

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McDaniel	Mattie		

Home Address (NC Residential Address.)	City	State	Zip Code
301 W. Elon St	Rowland	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 823	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	~~910~~ 875- 910 852-2663	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Sinclair	Roosevelt		

Home Address (NC Residential Address.)	City	State	Zip Code
103 Mclean Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-23-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Woods	Claretta	Jean	[redacted]

Home Address (NC Residential Address)	City	State	Zip Code
961 Eastwood Terrance	Lumberton	N.C.	28358

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-9-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State of North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McBryde	Develon	Aleice	

Home Address (NC Residential Address.)	City	State	Zip Code
108 Denver rd ~~Lumberton~~ Dm	Lumberton	NC	28358

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 Denver Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 X

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McNair Jones	Delaine			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
779 Livett Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-16-2018 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterms (*Election Type (Primary, General, Municipal, Special, etc.)*) on NOV 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
SINCLAIR	TERRY		

Home Address (NC Residential Address.)	City	State	Zip Code
2212 Musselwhite Circle	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2212 Musselwhite Circle	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Page	Stephanie	Lynette	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2112 Turner Place	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /		

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Origone	910-736-0085	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/17/18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCGILL	CAROLYN	JOHNSON	

Home Address (NC Residential Address.)	City	State	Zip Code
507 WINONA AVE.	LUMBERTON	NC	28358

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
507 WINONA Avenue	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9-3-18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	Kenneth	W	

Home Address (NC Residential Address.)	City	State	Zip Code
468 Deer Stand Dr	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence: Robes

Previous Name (if applicable):

Voter Registration No.: Ordone

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-29-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
DeJesus	Amanda	Lee	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
215 1/2 W 16th Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Voter	Date	Signature of Near Relative/ Guardian (if applicable)	Date
[redacted]	8/28/18	X	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
UTZ	JAQUELINE	OLIVER	

Home Address (NC Residential Address.): 1000 WESLEY PINES ROAD, APT 707

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Oct. 24 2018 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
~~Bluie~~ Buie	Erica	J		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1053 Old Persimmon Rd	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Options		buieerica@yahoo.com

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/30/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Breeden	Cheree		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
247 Austin Road	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9-4-18	X	

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
TOWNSEND	GARRY	LYNN	

~~Home~~ Address (NC Residential Address.)	City	State	Zip Code
3083 MOUNT ZION CHURCH RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing address

~~Mailing~~ Address (If different than home address.) (Home)	City	State	Zip Code
732 Porcelain Dr.	Pembroke	N.C.	28372

County of Residence	Previous Name (If applicable)
Rob.	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3083 Mt. Zion Church Rd.	Red Springs	N.C	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ 9-28-18 *Date*

Signature of Near Relative/Guardian (if applicable) X _____ *Date*

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Caldwell	Kevin	Renard	

Home Address (NC Residential Address.)	City	State	Zip Code
10954 Barker Ten mile Rd	St Pauls	NC	28384

Mailing Address (if different than home address.)	City	State	Zip Code
10954 Barker Ten mile Rd	St Pauls	N.C.	28384

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ 8-6-09 X _____
Date Date

[redacted]

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
MARTIN	PATRICIA	ANN	[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
677 DERWOOD RD	SAME

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
ROBESON		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
000000430816		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
677 DERWOOD RD	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/23/18 **X**
Date Date

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LEAK	RANDY	AUSTIN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
300 QUICK RD.	

City	State	Zip Code	City	State	Zip Code
LUMBER BRIDGE	NC	28357	Robeson	N.C	28357

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-25-18
Date

Signature of Near Relative/Guardian (if applicable)

X Quasia T. Kenney

9-25-18
Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hammonds	Andrette	S	

Home Address (NC Residential Address.): 1050 Linkhaw Rd
City: Lumberton State: NC Zip Code:
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional): 910 740-1594 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date 9/10/18 X _____ Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Baldwin	Evelyn	Bell	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2616 Pinehurst Ave	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No If "No," indicate the date of your move: ____/____/____	County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

7-15-2018
Date

X
Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Watson	Leon		

Home Address (NC Residential Address.)	City	State	Zip Code
683 Canal St.	Fairmont	NC	28340

Mailing Address (if different than home address.)	City	State	Zip Code

[redacted] Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
(optional)	910-618-7895	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X (Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Killens	Judy	ANN	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1088 Pinecrest Dr. apt B	PO Box 3232

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	370-0188	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	ELVINGTON	[illegible]	

Home Address (NC Residential Address.)	City	State	Zip Code
291 WHISTLING RUFUS RD.	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
291 Whistling Rufus Rd	Pembroke	N.C	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bryant	Amy	Nicole		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2085 McIntyre Lin Rd	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-4-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Locklear	Virginia	J	

Home Address (NC Residential Address.)	City	State	Zip Code
60 Jasper Dr.	Shannon	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
60 Jasper Dr.	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/04/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MCGIRT	WINFORD	KEVIN	

Home Address (NC Residential Address.)	City	State	Zip Code
9420 SHANNON RD.	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) ✓ Date 9/27/18

Signature of Near Relative/Guardian (if applicable) X Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 05/08/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
MCBRYDE	JERMAINE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
103 MANESS AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000431379		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-13-18 Date — X — Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
MC Bryde	Jermaine		

Home Address (NC Residential Address.): 103 Maness Street

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 103 Maness Street

City	State	Zip Code
Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
FARRington	Brenda	Joyce	

Home Address (NC Residential Address.)	City	State	Zip Code
13 Awestgate terrace Apts Apt A	Redsprings	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-22-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dial [redacted]	Regina	L	

Home Address (NC Residential Address.): [redacted] 133

Mailing Address (if different than home address.)

City	State	Zip Code
Shannon	N.C	28386

City	State	Zip Code
Shannon	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-6-18 X _____
Date Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCGIRT	TOSHA	MARIE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
9420 SHANNON RD.	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/20/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Lasheba		

Home Address (NC Residential Address.) ~~[illegible]~~ 1 Lum

Mailing Address (if different than home address.) 101 S. Griffin St.

City	State	Zip Code
Pairmont	NC	28340

City	State	Zip Code

[redacted]

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional): 910-740-0250

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X (Date)

[redacted]

www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	S
NORRIS	MAGGIE	GALBREATH	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
106 W SUNSET DR	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000431662		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
310 E. Wardell Dr.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OSBORNE	LUTHER	LIONAL	

Home Address (NC Residential Address.)	City	State	Zip Code
2101 HYDE PL., APT. E	FAYETTEVILLE	NC	28306

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Edition 2 2018

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	D
HAMMONDS	JAMES	DERICK	JR	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1013 WARD STORE RD.	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: [redacted]beson

Previous Name (If applicable):

[redacted]er Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?)	City	~~State~~	~~Zip Code~~
1018 Ward Store Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10-3-18 (Date)	X (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Da
MCKNIGHT	CALVIN	EUGENE	JR	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 774	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
299 Jernigan Rd	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

er Registration No.	Phone (optional)	Email (optional)
Optional	374-4212	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O Box 774	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/6/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sinclair	Nancy	S	

Home Address (NC Residential Address.): 453 Marion Rd

Mailing Address (If different than home address.):

City	State	Zip Code
St. Pauls	NC	28384

City	State	Zip Code

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
453 Marion Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-24-18 X

Date Date

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
TODD	Lela		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
205 N Walter St Apt 3					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
	NC	28350	Lumberton		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]	R	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X _____ 10-19-18 Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on November (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PRIEST	JIMMIE	FLOYD	

Home Address (NC Residential Address.)	City	State	Zip Code
608 OLD WHITEVILLE RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 1764	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No.	Phone (optional)	Email (optional)
Optional	818-9708	none

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1764	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

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☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 6 1918 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
PRIEST	ELGIA	RUTH	

Home Address (NC Residential Address.)	City	State	Zip Code
608 OLD WHITEVILLE RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 1764	Lumberton	N.C.	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1764	Lumberton	N.C.	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

S[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171742 NC8W1040854 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HOWELL	VERITTA	LYNN	

Home Address (NC Residential Address.): 6041 SMITH MILL RD.

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ■ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 6041 Smith Mill Road

City	State	Zip Code
Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

10/2/2018
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
THOMAS	KATHY	VALLIERE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
151 MARION STAGE RD.	

City	State	Zip Code	City	State	Zip Code
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
151 Marion Stage Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Whitfield	John	Fitzgerald	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
802 Linwood Ave Apt A	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
802 Linwood Ave, Apt A	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-24-18 X
Date Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Dockery	Felicia	Passion		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
74 Conatser Dr.	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	None	(910) 973-0849	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ 08/28/18 (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Eastman	Catherine		

Home Address (NC Residential Address): 400 MLK Drive Apt. G3

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted] ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/17/18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 - - FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McMillan	Rose	Marie	[redacted]

Home Address (NC Residential Address.): 1209 Lowery street

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Cindone

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 1209 Lowery Street

City	State	Zip Code
Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Resamarie (First) Eron (Middle) Bullard (Last) [Suffix]

☐ spouse ☐ brother /sister ☐ parent ☒ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1209 Lowery street

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	(910) 674-1326	resa.bullard@yahoo

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date: _____

X [signature] 8.24.18 Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Roberts	Barbara	ANN	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
52 Crescent St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Summerton	SC	29148			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/7/2020 X
Date

Date

...E.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Prevatte	Luther		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2603 Riverwood Ave					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No. (Optional)	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature or **Near Relative/Guardian** (if applicable)

10/17/18 X _____
Date Date

...NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Parks	Stephanie	Joy		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2900 Butler Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Options	843-260-0717	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

[redacted]

09/04/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BRYANT	RAY	ALLEN	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 743	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date _____

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
BRUNNET	GLENDENE	MAY BALLARD	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
107 SCHOOL ST	P.O. BOX 65

City	State	Zip Code	City	State	Zip Code
LUMBER BRIDGE	NC	28357	LUMBER BRIDGE	NC	28357

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
0000433271		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 65	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Connie Brunnet

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☒ daughter-in-law ☐ legal guardian

Requestor's Address: P.O Box 65

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumber Bridge	NC	28357	(910)489-2368	cbrunnet@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/29/18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X Connie G Brunnet

10/29/18
Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Romine	Samuel	J	III

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
201 Piney Grove Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2765 Bellamy Drive SW	Supply	NC	28462

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First / Middle / Last / Suffix)	Relationship
Heather W Romine	☑ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
201 Piney Grove Road	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28360	910-740-7306	heather.romine@nscp.edu

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X Heather Romine 10/24/18
Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suf
SESSOMS	SHEILA	MARTIN	

Home Address (NC Residential Address.)	City	State	Zip Code
513 DERWOOD RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
SAME			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000433380		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
513 Derwood Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/23/18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	VICKIE		

Home Address (NC Residential Address.)	City	State	Zip Code
101 JERNIGAN RD.	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 Jernigan Road,	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-2-16 **Signature of Near Relative/Guardian** (if applicable)

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	ABBY	LOCKLEAR	

Home Address (NC Residential Address.)	City	State	Zip Code
483 CLARK RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
483 Clark Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

10/2/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Mack	Joe	Patrick	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
206 Springside Road	Red Springs	NC	28377

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
206 Springside Road	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] Date

X Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
William	Betty		

Home Address (NC Residential Address.): 710 M & Kay St

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

If "No," indicate the date of your move: / /

Voter Registration No. | **Phone** (optional) | **Email** (optional)

Unsure

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 710 M & Kay St | **City**: Fairmont | **State**: NC | **Zip Code**: 28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-17-18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lilly	BARBARA	Ann		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1148 Davis Bridge Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☑ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]	Signature of Near Relative/Guardian (if applicable)
8-27-18 (Date)	X (Date)

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 6 NOV 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Smith	Maria	Leticia	

Home Address (NC Residential Address.)	City	State	Zip Code
1243 Blue Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
1236 1/2 Mark Avenue	Tomah	WI	54660

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

06 , 10 , 2013

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1236 1/2 Mark Avenue	Tomah	WI	54660

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

18 oct-2018 X
Date Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McDougald	Willie	P		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
107 E Brown St	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

24-28

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McDougald	Willie	Pearl		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
107 East Brown St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
107 East Brown St.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter [redacted] Date 4-23-18

Signature of Near Relative/Legal Guardian (if applicable) _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	FAIRLAND	N	

Home Address (NC Residential Address.)	City	State	Zip Code
154 CINDY RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? [X] Yes [ ] No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): (910)827-7234

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 154 Cindy Rd | City: Red Springs | State: NC | Zip Code: 28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [X] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address [redacted]

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

Signature of Voter (voter only) X [redacted]

Signature of Near Relative/Guardian (if applicable) X _____ Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33312701273 NC8W1078977 IVNC

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Avis	M	

Home Address (NC Residential Address.): 2296 Baltimore Church Rd

City: Fairmont | State: NC | Zip Code: 28340

Mailing Address (If different than home address.)

City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional): 910-225-0648 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
James	Latoshia	Annette		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5677 Gerald Rd	

City	State	Zip Code	City	State
Rowland	NC	28383		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/4/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on NOV 06-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Gillis	Catherean		

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
1921 Britt Rd			Same		
City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384			

[redacted]

If you live at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	
Voter Registration No. (optional)	Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

4-10-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Lowery	Heather	Renea	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
	P.O. Box 1837

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-30-2018 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on November Ge (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWERY	HEATHER	RENEA	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 1837	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1837	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BLECK	NATASHA	CHANEL	

Home Address (NC Residential Address.)	City	State	Zip Code
69 CONNOR DR.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign

Signature of Near Relative/Guardian (if applicable)

9/28/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockley	Cindy	Kay	

Home Address (NC Residential Address)	City	State	Zip Code
729 Roberts Ave	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [redacted] (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name
Burton	Amanda C	Noell maria

Home Address (NC Residential Address.)	City	State	Zip Code
339 Burlington Dr	St. Pauls	N.C	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St. Pauls	N.C	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-6-18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Christie	Connie	Kay	

Home Address (NC Residential Address)
715-B Roberts Ave

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

[redacted] ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	S
MC Callum	Nonnie	Marie	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
426 Croom Rd	

City	State	Zip Code	City	State	Zip Code
Maxton, N.C	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
426 Croom Rd.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Nonnie Marie MC Callum

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
426 Croom Rd.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Maxton	N.C.	28364		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 10-24-18 X _____ ✓
Date Date

SBE.gov to check your voter registration or absentee voting status.

V2018.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Jerri	Melissa	Mrs

Home Address (NC Residential Address.): 12494 NC Hwy 211

Mailing Address (if different than home address.):

City	State	Zip Code
Red Springs	NC	28377

[redacted] address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Yocklear	Rosa			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
238 lakewood drive	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	23684			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
none		

Previous Address (if applicable)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/30/18	X	

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Patterson	Mary	Helen	

Home Address (NC Residential Address.)	City	State	Zip Code
303 E Graham St Apt A	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
303 E Graham St Apt	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-390-9195	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-23-18
Date

Signature of Near Relative/Guardian (if applicable)

X Mary H Patterson
Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Zook	Lisa	Ivey	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1035 Collins Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," Indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

	City	State	Zip Code
500 SE 6th St.	Abilene	KS	67410

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (If applicable)

10-9-18 *(Date)* X _____ *(Date)*

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HONEYCUTT	PRISCILLA	JOHNSON	

Home Address (NC Residential Address.)	City	State	Zip Code
501 CARTHAGE RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

[redacted]

Previous Name (if applicable):

ter Registration No.: Optional

Phone (optional): 910 674-4180

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
501 Carthage Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-26-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sinclair	Mary		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
703 S. Walnut St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

S

X _____ Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
BARDEN	WILLIAM	EDWARD	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
304 W. 22nd St.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	(310) 651-7285	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/13/18 (Date) X (Date)

[redacted] BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Allen	Sathilda	N	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
108 Church St	[redacted]

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-370-0253	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* on 11/13/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LEARN	SHIRLEY	A	

Home Address (NC Residential Address.)	City	State	Zip Code
117 GATEWAY DR.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 674-4019	shirleylearn3@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
117 GATE WAY Drive	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X 9/28/18 Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/16 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Flynn	Joseph	Windsor	

Home Address (NC Residential Address.)	City	State	Zip Code
232 Castle Road	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1615 S. Miramar Ave.	Indialantic	FL	32903

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX - XX [redacted]	000000 435069	910 774 0005	jflynn@fulcrumconstruction.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1615 S. Miramar Ave.	Indialantic	FL	32903

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (if appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

2+19.2016 X

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACKMON	MARCELLUS	MCNEILL	

Home Address (NC Residential Address.)	City	State	Zip Code
421 FOREST RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1206 N. Fulton St - Autumn Care	Raeford	NC	28376

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Susan (First) McNeill (Middle) Blackmon (Last) (Suffix)

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email
421 Forest Rd	Lumberton	NC	28358	910-736-0299	blackmonsusan@hotmail.com

Name of Corporation (If appointed legal guardian):

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X Susan M. Blackmon 10-28-18 Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Flootman	Cindy	Naylor	

Home Address (NC Residential Address.)	City	State	Zip Code
168 Knapdale Rd.	Lumber Bridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-633-8099	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

PHONE [redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Vanderhall	Doris	J	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
227 McArn Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	9107381976	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 X

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
Williams	James	Wallace	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
302 W 6th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
302 West 6th Ave RED SPRINGS NC 28377	RED SPRINGS	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X
Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Afford	Lenora	Catherine	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3185 Bakersfield Ave.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRI / *Election Type (Primary, General, Municipal, Special, etc.)* **on** *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CUMMINGS	CONELLA		

Home Address (NC Residential Address.)	City	State	Zip Code
1691 SAMPSON RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/27/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Coleman	Roger		

Home Address (NC Residential Address.): 703 W 20th Street

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X 10-10-2018 Date

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suf
Johnson	Timothy	Jerome	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
515 B E. 10th St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	9104747513	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X 8-10-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Da
WOOTEN	PATRICIA	DEANNE		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
98 SCHAEMAN CIR.			98 Schaeman Cir.		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358	Lumberton	NC	28358

[redacted] Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Robeson		
er Registration No. Optional	**Phone** (optional) 910 316-1771	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
98 Schaeman Cir.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10/18 (Date)

Signature of Near Relative/Guardian (if applicable)
X (Date)

E.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

33

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Fowler	Carolyn	Alisa		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
156 Robs Road	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.: Online

Phone (optional): (910) 422-8305

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/30/2018 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
FISCHER	DEANNA	O	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3955 REGENTS ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3955 REGENTS ST	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (must sign in ink)

10-5-2018 (Date)

Signature of Near Relative/Guardian (if applicable)

X (Date)

...SBE.gov to check your voter registration or absentee voting status.

...RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Douglas	Denise	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
544 Fodreville Rd.	

City	State	Zip Code	City	State	Zip Code
Shannon	NC	28386			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

You must provide at least one identification number below. (or see instructions)

Voter Registration No.: Options

Phone (optional): 910-316-2270

Email (optional): mrsdaug1a8730@gmail.com

[redacted]

Absentee Mailing Address (where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/23/18 X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

[redacted]

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Sanderson	Lyn		

Home Address (NC Residential Address.): 200 Morro St. Apt 74
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-374-4707
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

9-7-18 Date

Signature of Near Relative/Guardian (if applicable)
X Lyn Sanderson
Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Vanderhall	Rosetta		

Home Address (NC Residential Address.): 555 Crandlemire Lt-48

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

[redacted] Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-2018 (Date) X _____ (Date)

[redacted]CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	JAMES	H	

Home Address (NC Residential Address.)	City	State	Zip Code
666 JACOBS RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
666 Jacobs Rd	Maxton	N.C	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/1/2018
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	CATHERINE	ADA CRAMER	

Home Address (NC Residential Address.)	City	State	Zip Code
666 JACOBS RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
666 Jacobs Rd	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign

Signature of Near Relative/Guardian (if applicable)

10/1/2018 X

Date Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV. 6. 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACK	CHARLES	E	

Home Address (NC Residential Address.)	City	State	Zip Code
1354 NORMENT RD.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

S[redacted] 10/2/18 *Date*

Signature of Near Relative/Guardian (if applicable)
X _____ *Date*

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312683537 NC8W1044167 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	James	F	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
128 Haywood St	

City	State	Zip Code	City	State	Zip Code
Red Spring	NC	[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted] / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/23/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brown	James	Freddie		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
128 Haywood St.	Red Springs	NC	28377

Mailing Address (If different than home address.) — City

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (optional)	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
128 Haywood St.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address — Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-29-18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

V2018.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Steeds	Ralph	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
223 church street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Online?

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X [signature] 24 2018

Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bul e Blue	Ernest		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
119 Sessoms st.	

City	State	Zip Code	City	State	Zip Code
red springs	NC				

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Ongone

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X 8/22/18

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.)* on May 08, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Collins	William	Allen

Home Address (NC Residential Address.)	City	State	Zip Code
149 Brigman St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
149 Brigman St.	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
149 Brigman St.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 6, 18 X _____

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Hunter	Selena		

Home Address (NC Residential Address.): 307 W. Chapel St

Mailing Address (If different than home address.)

City	State	Zip Code
Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

Voter Registration No. | **Phone** (optional) | **Email** (optional)

Optional 9107203031

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/3/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name
Tyler	Bobby	Earl

Home Address (NC Residential Address.)	City	State	Zip Code
104 Evans Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
104 Evans Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date		Date
6-21-18	X	

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 1277 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
GARNER	JERRY	LEE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
349 BRISSON RD.	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
349 BRISSON RD.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Inman	Toni	Lynn	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
322 S 4th Street	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)	
Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)	
City	State / Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9-25-18 X

Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28321

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Wilson	Shivishie	LaShaune	

Home Address (NC Residential Address.)	City	State	Zip Code
390 Ice Cream Dr	Saint Paul's	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
390 Ice Cream Dr.	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/7/18 X
Date Date

v.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 8, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	JUSTIN	CALEB	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
708 BROOKFIELD DR.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
708 Brookfield Dr.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-17-18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6 - 18 (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	JANICE	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
87 DARLENE DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
87 Darlene Dr	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)

X Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Mullins	Courtney	Shane		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
574 South Chicken Rd	

City	State	Zip Code	City	State	[redacted]
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
		(910)740-0643	

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 8/16/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Sanders	~~Bonny~~ Brandy	M	

Home Address (NC Residential Address.)	City	State	Zip Code
52 Pearsall	Red Spring	NC	28377

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: None

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-22-18 Date

X _____ Date

BE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jolly	Cindy	Lynn	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
65 Crescent St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Rob		
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/7/18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su[redacted]
BARISON	MARVIN	R	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E FOURTH AVE	

City	State	Zip Code	City	State	Zip Code
RED SPRINGS	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000437569		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

[redacted]

BE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Locklear	Alisha	A.	

Home Address (NC Residential Address.)	City	State	Zip Code
618 Pine St.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 1675	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-23-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 - 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	KENNETH		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1305 OAKGROVE CHURCH RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360	N/A		
Have you lived at this address for more than 30 days? ☒ Yes ☐ No			**County of Residence** Robeson	**Previous Name** (if applicable) N/A	
			Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
N/A			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/18 *(Date)*

[redacted] heck your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
DINI	KRISTINE	MARY	

Home Address (NC Residential Address.)	City	State	Zip Code
131 ELIZABETH CT.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
131 Elizabeth Ct	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (required)

10/08/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X

Date

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Little	Heather	Ann	

Home Address (NC Residential Address)	City	State	Zip Code
1100 Brissn Rd.	St. Pauls	NC	28384

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-7-18 x _____
Date Date

...gov to check your voter registration or absentee voting status.

[illegible] Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Sealey	David	Earl	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
709 Holly Street	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
—	—		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X David Earl Sealey 10-17-2018
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Williams	Edward	Lee		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2994 Baker Rd	

City	State	Zip Code	City	State
Parkton				

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: None

Phone (optional):

Email (optional):

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]

8-27-18
Date

Signature of Near Relative/Guardian (if applicable) X

Date

gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

Page 292 of 2821

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Walker	Keisha	Darlene		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
420 East Clark St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
420 E. Clark St	St. Pauls	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 10-4-2018 X
Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Maynor	Shannon	Yalena	

Home Address (NC Residential Address.)	City	State	Zip Code
435 Grimsley Rd	Rowland	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code
Same	Same		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-734-2019

Email (optional): shannon.maynor@uncp.edu

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/3/18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
RHODES	JIMMY	WENDELL	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1200 E 11TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000438840		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1200 E 11th St	Lumberton	nc	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Debra W. Rhodes

☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
1200 E. 11th St.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	nc	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-24-18 Date — X Debra W. Rhodes — 10-24-18 Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
RHODES	JIMMY	WENDELL	

Home Address (NC Residential Address.)	City	State	Zip Code
1200 E 11TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
000000438840		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1200 East 11th St	Lumberton	nc	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Debra W. Rhodes

☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1200 East 11th St.

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	nc	28358	910-734-5273	debbie.rhodes1136@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-4-18 Date — X Debra W. Rhodes — 4-4-18 Date

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WHITE	ROSA	JANE	

Home Address (NC Residential Address.)	City	State	Zip Code
4864 ELROD RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
	ROWLAND	N.C	28383

County of Residence	Previous Name (if applicable)
ROBESON	—

Voter Registration No.	Phone (optional)	Email (optional)
Optional —	—	—

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4864 ELROD ROAD	ROWLAND	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

11-19-2018 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	Annie	Lois	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
504 Floyd St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jackson	Eddie		

Home Address (NC Residential Address.): 503 Benjamin St
City: Fairmont | State: NC | Zip Code: 28340

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional): 910-740 0994 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18 (Date) X (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Rogers	Cathie	L	

Home Address (NC Residential Address)	City	State	Zip Code
702 A Roberts Ave.	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
PO Box 1844	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McNair	Angienora	Temisha	F	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2706 Freedom Drive	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	Angie

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-474-9322	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2706 Freedom Dr.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

16/6/18 (Date) X _____ 16/6/18 (Date)

CSBE.gov to check your voter registration or absentee voting status.

ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	MATTHEW		[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
148 WAINWRIGHT DR	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

27AUG 18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Barnes	Robert	L		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
606 W 4th Ave.		NC	28377

Mailing Address (If different than home address.)	City	State
	Red Springs	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (If applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Cherokee		

	lity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/24/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 20[redacted] (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
FLOYD	MAE	R	F

Home Address (NC Residential Address.)	City	State	Zip Code
104 MCDANIEL ST.	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
104 McDaniel St.	Fairmont	N.C.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: William (First) Morris (Middle) Floyd (Last) M (Suffix)

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
104 McDaniel				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Fairmont	NC	28340	(910) 628 0734	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)
X William M. Floyd 10/17/18
Date

w.NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

ERSE FOR ADDITIONAL INFORMATION

Absentee Ballot Request

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
LOCKLEAR	JOHN	L.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
27 KUDZU CT	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 12	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
00439974-13	843-5028	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO BOX 12	SHANNON	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: JUDY A. LOCKLEAR (First) (Middle) (Last) (Suffix)

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)
27 KUDZU CT , PO BOX 12	

City	State	Zip Code	Requestor's Phone	Requestor's Email
SHANNON	NC	28386	843-5028	JUDYLOCKLEAR_28386@YAHOO.COM

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	10/18/18	X Judy A. Locklear	10/18/18

...w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
DRIGGERS	MARY	B	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
4158 GADDYS MILL RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4158 Gaddys Mill Rd.	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/26/18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WOODS	RACHELLE		

Home Address (NC Residential Address)	City	State	Zip Code
401 Cottage Street	Fairmont	NC	28340

Mailing Address (if different than home address.)

City	State	Zip Code

[redacted] Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-618-7134

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

9/4/18 (Date) X (Date)

[redacted] www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6. (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
IVEY	HATTIE	M	

Home Address (NC Residential Address.)	City	State	Zip Code
1392 S. BROAD RIDGE RD.	ORRUM	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1392 South Broadridge Rd.	Orrum	N.C.	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Dianne	Coleman	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
201 Madison St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
201 Madison	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8 2017 Date

X Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	MARTHA	BROOKE	

Home Address (NC Residential Address.): 464 SHAND DR.

City	State	Zip Code
PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Rob.

Previous Name (If applicable): Moss

Voter Registration No.: 440222-20

Phone (optional):

Email (optional): Marthahunt882@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 464 Shand Dr Pembroke

City: Pembroke **State:** NC **Zip Code:** 28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☑ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Frances (First) (Middle) Brooks (Last) (Suffix)

☐ spouse ☑ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 374 Shand Dr.

City: Pembroke **State:** NC **Zip Code:** 28372

Name of Corporation (If appointed legal guardian):

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
White	Calvin	Calbert	Jr

Home Address (NC Residential Address)	City	State	Zip Code
331 Britt Rd	St Pauls	NC	28384

[redacted]

Mailing Address (If different than home address.)

City	State	Zip Code

Have lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09/07/18 X

Date Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Watson	Jacqueline	Gail	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
274 Apollo Ln	Rowland	N.C	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 996	Rowland	N.C	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence | Previous Name (if applicable)

You must provide at least one identification number below (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	
8-27-18 Date	X Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McKoy	Ursula			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
100 S. Griffin St.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional): 910-736-3747

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9-6-18 Date

Signature of Near Relative/Guardian (if applicable) x U.M Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HORNE	LINDA	BROWN	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1250 W. DEW RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1250 W. Dew Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ _____ Date

voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAMMER	RANDALL	MICHAEL	

Home Address (NC Residential Address.)	City	State	Zip Code
123 TRACTOR LN.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X Randall Michael Grammer Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Rosemary		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
202 Arbor Lane	

City	State	Zip Code	City	State	Zip Code
Lyon	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]	Lee	

	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brigman	Howard			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
74 Conastee DR.	

City	State	Zip Code	City	State	Zip Code
PARKton	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (See instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Original		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] Date	X Howard Brigman Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	RODNEY		

Home Address (NC Residential Address.)	City	State	Zip Code
11973 DEEP BRANCH RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/27/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Watson	Shemekia	Wynette	

Home Address (NC Residential Address.)	City	State	Zip Code
401 North Hickory St	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 689	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No 03.11.18

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-733-3222	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8-28-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Clark	Billy			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

Exhibit 4-2-3-22

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McKoy	Matt	Anderson		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
201 Malpass Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Malpass Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 *Date* X _____ *Date*

.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Mckoy	Matt	Anderson	

Home Address (NC Residential Address.)	City	State	Zip Code
207 Malpass Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/24/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28215

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Purden	Kimberly	H	[redacted]	

Home Address (NC Residential Address.)	City	State	Zip Code
5378 Tolarsville Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5378 Tolarsville Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

5-718 (Date) X (Date)

[redacted] to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
EDWARDS	JUNE	PITTMAN	

Home Address (NC Residential Address.)	City	State	Zip Code
6842 S. CREEK RD.	ORRUM	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-628-5173	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6842 S Creek Rd	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LN., SUITE 101
FAYETTEVILLE, NC 28301

PHONE: 910-678-7733 FAX: 910-678-7738
absentee@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 06, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hilburn	Vicki	Louise	

Home Address (NC Residential Address.)	City	State	Zip Code
24107 NC Hwy 71 N	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 539	Parkton	NC	28371

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone	Email
Optional	Optional	v.hilburn05@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 539	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign[redacted] 10/18/18 Date **OR** **Signature of Near Relative/Legal Guardian** (if applicable) X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Runoff *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 05/08/2018 & 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hilburn	Vicki	L	

Home Address (NC Residential Address.)	City	State	Zip Code
24107 NC Hwy 71	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 539	Parkton	NC	28371

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 539	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

04/20/2018
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
EDMISTON	KATHY	CHAVIS	

Home Address (NC Residential Address.)	City	State	Zip Code
2230 MCPHAIL RD., APT. 6B	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

[redacted] X _____ Date

[redacted] check your voter registration or absentee voting status.

[redacted] **ERSE FOR ADDITIONAL INFORMATION**

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Atkinson	Richard		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
432 Deer Stand Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18
Date

Signature of Near Relative/Guardian (If applicable)
X Richard Atkinson

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lee	Kathy	H.	

Home Address (NC Residential Address.)	City	State	Zip Code
2215 Philadelphus Rd	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 1455	Pembroke	NC	28372

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
(optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-4-18 X
Date Date

v.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231
PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

RECEIVED
SEP 10 2018
Campaign Finance Office
NC State Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Powell	April	Lachelle	Ms

Home Address (NC Residential Address.): 2063 Eastwood Terrace

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2063 Eastwood Terrace	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-24-18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
MASON	RAYMOND	DWIGHT	

Home Address (NC Residential Address.): 1604 BALLANCE FARM RD

City	State	Zip Code
ST PAULS	NC	28384

Mailing Address (If different than home address.): 1604 Ballance Farm Rd

City	State	Zip Code
St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

oter Registration No.: 00000442890

Phone (optional): (910) 635-7536

Email (optional): X

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1604 Ballance Farm Rd,

City	State	Zip Code
St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/31/18 Date X Janet Ortiz 8/31/18 Date

o check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Tossie (Lockclear)	Carol	Denise	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3232 Hwy 710 S					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional	910-422-0097	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-28-18 X
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suf
Altice	Mary	Elizabeth	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
306 Camwood Dr	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-21-18 X _____
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Altice	Mary	Elizabeth	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
306 Camwood Dr	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18 X _____
Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McKoy	Jackie	Lavone		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
209 North first st.	Maxton	NC.	28364

Mailing Address (If different than home address.)	City	State
	Maxton	

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	910-[illegible]390-9105

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]	ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/24/18 Date

Signature of Near Relative/Guardian (if applicable) _____ Date

[redacted] gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Sampson	Jerry	R	[redacted]

Home Address (NC Residential Address.): 503 east 13th st
City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No
If "No," indicate the date of your move: [redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/10/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS & ETHICS
NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
Electronic Mail Address: @NCSBE.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffi
Bekker	Adam	Kolly	[redacted]

Home Address (NC Residential Address.): 200 Bryants Circle

City	State	Zip Code
Maxton	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
200 Bryants Circle	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/16/18 (Date) X _____ (Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

1337 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FAX: 910-671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name
Locklear	Neal	Sadaka

Home Address (NC Residential Address.)	City	State	Zip Code
60 Jasper Dr. Shannon NC 28386	Shannon	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code
	Shannon	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
60 Jasper Dr	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 X

Date Date

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
LOCKLEAR	DAVID	CHRISTOPHER	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3354 UNION CHAPEL RD	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 2527	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000443818		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Po Box 2527	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-01-2018 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ALL GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on ANY NOV (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
STOCKS	CHRISTOPHER	ALAN		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1437 E. MARTIN LUTHER KING DR.					
City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
obeson	

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1437 E. Martin Luther King Dr	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-30-18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on _____.
Election Type (Primary, General, Municipal, Special, *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Goodman	Lorenzo	—		

Home Address (NC Residential Address.)	City	State	Zip Code
1303 E 16th St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)

You must provide at least one identification number below. (or see instructions)
[redacted] SSN

[redacted]

Same as above

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
(First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

8/7/18 X _____
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

VZ013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Deese	Brent	A.	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
106 Redmond R.D.	

City	State	Zip Code	City	State	Zip Code
Pembroke	N.C.	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
106 Redmond R.D.	Pembroke	N.C.	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18 X _____
Date Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Da
BULLARD	JILL	RENEE		

Home Address (NC Residential Address.)	City	State	Zip Code
601 MELINDA RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (If applicable)

[redacted]

er Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

	City	State	Zip Code
601 Melinda Road	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-2-2018 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Atkinson	Calvin		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
119	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

08-18-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Bullock	Brenda	E	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
112 Orange St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
112 Orange St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican split Vote ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-23-18 X
Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 10/9/2018

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Womack	Isabella			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
713 McCaskill Ave	

City	State	Zip Code	City	State
Maxton,	N.C.	28364		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None	910-723-5905	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8248 X _____ Date

Signature of Near Relative/Guardian (if applicable) _____ Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bryant	Willie	Stanci/		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
205 E. Graham St	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date: 9/24/18

Signature of Near Relative/Guardian (if applicable) X

Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
AGUIRRE	WANDA	COLLINS	Mrs.

Home Address (NC Residential Address.)	City	State	Zip Code
4305 N. WALNUT ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4305 N. Walnut Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (vo[redacted]) 10/3/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
IVIE	GEORGIA	FAY	

Home Address (NC Residential Address.)	City	State	Zip Code
406 NORMAL ST.	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable):

oter Registration No.: Optional

Phone (optional): 521-4769

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
406 Normal St.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
[redacted] FAX: [redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ransome	Sonya	Bail	

Home Address (NC Residential Address.): 604-B Lumbee st
City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (If different than home address.)
City: Pembroke | State: [illegible] | Zip Code:

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18 *Date* X *Date*

[redacted].gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Jerald	Nicole	Samiana	

Home Address (NC Residential Address.): 524 E 10th St

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-316-5135	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18 (Date) X (Date)

[redacted]E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
COPELAND	LINDA	SHERRILL	

Home Address (NC Residential Address.)	City	State	Zip Code
2950 OLD WHITEVILLE RD., LOT 14	LUMBERTON	NC	28358

Mailing Address (If different than home address.) — City — State — Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence — Previous Name (If applicable)

Registration No. Optional — Phone (optional) — Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME	SAME	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address — Name of Corporation (If appointed legal guardian)

City — State — Zip Code — Requestor's Phone — Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 10-4-18

Signature of Near Relative/Guardian (if applicable)

X _____ Date

check your voter registration or absentee voting status.

E FOR ADDITIONAL INFORMATION

331

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF EL

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing A: PO Box, Lumbe

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GEN

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May (Election

Voter Information

Last Name	First Name	Middle Name
Melvin	Edward	Graham

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
208 Vance St.	

City	State	Zip Code	City
Red Springs	NC.	28377	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

[redacted] X - X X - [redacted]

Voter Registration No. (Optional) | Phone (optional) | Email (

be mailed?) | City: Red Springs | State: NC

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name: Barbara Melvin

☐ spouse ☐ brother /sister ☑ parent ☐ grand
☐ child ☐ grandchild ☐ stepchild ☐ moth
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 205 Sunset Circle

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Red Springs	N.C.	28377	910 987-0493	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spous

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Gu

4-12-18 (Date) X Barbara Melv

to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 18' *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS	CRAIG	N	

Home Address (NC Residential Address.)	City	State	Zip Code
62 RIVERLAKE DR.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
62 Riverlake Drive	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-9-18 *Date*

Signature of Near Relative/Guardian (if applicable) X _____ *Date*

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
MC Bryde	Landa		

Home Address (NC Residential Address.)	City	State	Zip Code
401/2 6th Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. Optional:

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 401/2 6th Avenue

City: Red Springs State: NC Zip Code: 28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

05/18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McBryde	Landa		

Home Address (NC Residential Address.): 401½ 6th Avenue

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
401½ 6th Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 *(Date)* X _____ _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary/General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McKoy	Janeicia	Brown		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
201 Malpass Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
201 Malpass Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

5-1-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Cromartie	Nicole			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
434 Meadow woods Circle	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-736-3052	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9-7-18	X	

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	TRAVIS	ALLEN	

Home Address (NC Residential Address.)	City	State	Zip Code
288 ARLEAN DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
288 Arlean Dr.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of ~~Voter~~ (voter only) 10/11/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CURRIE	FRANCINE	JULIET	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
474 CAIN RD.	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
474 Cain Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-29-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bradford	Robin	Mae		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
215 Gentle Wind st. Paul nc	same

City	State	Zip Code	City	State	Zip Code
st. Paul	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robison

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

16-5-2018 *(Date)* X _____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF EL

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing
PO Bo
Lumb

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election D*

Voter Information

Last Name	First Name	Middle Name
Bradford	Robin	Mae

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
215 Gentlewind Dr	

City	State	Zip Code	City
St Pauls	NC	28384	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN: XXX - X[redacted]

Voter Registration No.

Phone (optional)

Email (o

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State
215 Gentle Wind Dr	St Pauls	NC

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grand
☐ child ☐ grandchild ☐ stepchild ☐ moth
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spous

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal G

4-5-18 Date

X

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bradford	Jamie	Louise	[redacted]	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
126 Weathervane Ln	

City	State	Zip Code	City	State	Zip Code
St Pauls ~~NC~~	NC	28384	St Pauls		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
126 Weathervane Ln	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

5-31-18 (Date) X ___ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	[redacted]	[redacted]	[redacted]
Bradford-Mott	Jamie	Louise	

Home Address (NC Residential Address.)			**Mailing Address** (If different than home address.)		
126 Weathervane			126 Weathervane		
St Pauls	NC	28384	St Pauls	NC	28384

[redacted] ☑ Yes ☐ No

County of Residence	**Previous Name** (if applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	**City**	**State**	**Zip Code**

[redacted] ballot preference:
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			**Name of Corporation** (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	**Fax Number or Email Address**

Signature of Near Relative/Legal Guardian (if applicable)

3/16/18 X
Date Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
DAVIS	Armond	Rochade	

Home Address (NC Residential Address.)	City	State	Zip Code
402 W. Church St	Rowland	n.c.	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. box 607	Rowland	n.c	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 7852452	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8/29/18 *Date* X _____ _____ *Date*

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Ovendine	Wayne		

Home Address (NC Residential Address.)	City	State	Zip Code
1079 Norment Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1079 Norment Rd	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/19/18 *(Date)* X _____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Su
ORCHARD	TIMM	OWEN	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
272 GENTLE WIND DR.	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7 JUN 18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	[redacted]
Buxton	Mary	Alice	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
339 Burlington					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable)

You must provide at least one identification number below. (or se[redacted]

NC License or ID Number | SSN X X X - X X - [redacted] | [redacted]er Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sig[redacted] | **Signature of Near Relative/ Guardian (If applicable)**

8-29-18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Pittman	T.P. Temeka			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
97 Leesville Rd.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (If applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910-740-2342	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted] 8-448		X	

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	QUNNELLA	SAMPSON	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
5146 W. MCDUFFIE CROSSING RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
oter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-8-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____
Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
COX	GARY	Wayne	Sr

Home Address (NC Residential Address.)	City	State	Zip Code
502 West 26 Street	Lumberton	N.C	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-18-18 Date X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Braddy	Lee	Sentell	

Home Address (NC Residential Address): 747 Roberts Ave
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-2018 X
Date Date

v.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hallman	Paula	D		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
804 E. Main Street	

City	State	Zip Code	City	State	Zip Code
Rowland	N.C	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Options

Phone (optional):

Email (optional):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] oter (voter only) [redacted] 8/28/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bellamy	Robert	Allen	

Home Address (NC Residential Address): 308 N. Rail Road St
City: Rowland State: NC Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (optional)
Phone (optional): 910 280-9126
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
SNYDER	BARI	ALAN	

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
151 WATERVIEW LANE	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
0000004446554		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
151 WATERVIEW LANE	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-24-18 Date X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 1575 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Ingram	Mindy	Rae		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2649 Carolina Church Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 182	Parkton	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2649 Carolina Church Rd	Parkton	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/7/2018 *(Date)* X _____ *(Date)*

w.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.2

1376 of 2821

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McMillian	William			[redacted]

Home Address (NC Residential Address.) 1202 McArthur Street 28358

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	

City

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. [redacted]

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ child ☐ son-in-law ☐ brother/sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
SANDEFUR	RUTH	AGNES	

Home Address (NC Residential Address.)	City	State	Zip Code
1709 W. MCRAINEY RD.	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted]

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/4/18 Date

Signature of Near Relative/Guardian (if applicable) X Katherine M. Gable 10/4/18 Date

[redacted] gov to check your voter registration or absentee voting status.

[redacted] **RSE FOR ADDITIONAL INFORMATION**

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
SINCLAIR	RASHEMA	VONSHEL	

Home Address (NC Residential Address.)	City	State	Zip Code
2212 Musselwhite Circle	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2212 Musselwhite Circle	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature 10/19/2018 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Ferguson	Christine		

Home Address (NC Residential Address.)	City	State	Zip Code
158 Brigman Street	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
158 Brigman Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Oct 22, 18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
DEESE	ASHLEY	COLE	

Home Address (NC Residential Address.)	City	State	Zip Code
4201 CRICKLEWOOD ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable): Ashley Cole

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4201 Cricklewood Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-8-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Regina	C	

Home Address (NC Residential Address)			Mailing Address (If different than home address.)		
511 Lowry Street					
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/8/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hammonds	Urma	Bethea	Ms	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
116 Caple St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 287 116 Caple	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-739-7262

Email (optional):

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?):

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date: X Date:

[redacted]

...llot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
...E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hammonds	Lee Lee	Junior		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
116 Caple St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton N.C.	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-374-0416	

Absentee Mailing Address (Where should the ballot be mailed?): 116 Caple St.

City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

llot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Cormartie	Sarah		

Home Address (NC Residential Address.)	City	State	Zip Code
416 Meadowwoods Circle	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Options	910-736-0620	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9/17-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Ferguson	John	Demetrius		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
220½ N. Main St.	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None	9108435961	

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 24 2014 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted] .gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ferguson	James		

Home Address (NC Residential Address.)
Robinwood Apt 2A

City	State	Zip Code
Red Springs	NC	28377

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: **(Military/Overseas Voters Only)** ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

11/29/2018 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Mac	Casey		Jr

Home Address (NC Residential Address.)	City	State	Zip Code
300 NC Maney St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 24	Red Springs	NC	28377

Have you lived at this address for ~~more~~ than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: 8/1/2010

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/22/18 (Date) **Signature of Near Relative/Guardian** (if applicable) X 8/22/18 (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	~~Leq~~ Lakuanda		

Home Address (NC Residential Address): 504 McDaniel St.
City: Fairmont | State: NC | Zip Code: 28340
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence: ROBESON
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional): 910-535-4408
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Voter: 9/10/18 (Date) X _____ (Date)

Signature of Near Relative/Guardian (if applicable)

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (*Election Type (Primary, General, Municipal, Special, etc.)*) on NOV 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
DEWEY	DIANNE	MARIE	

Home Address (NC Residential Address.)	City	State	Zip Code
322 MOUNT TABOR RD., APT. 3A	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
SAME	SAME	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)
ROBESON	N/A

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 258-3263	N/A

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE	SAME	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☒ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign[redacted] Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bradford	Joel	Allen	

[redacted]

Home Address (NC Residential Address.): 253 Gentle wind Dr

City	State	Zip Code
St. Pauls	NC	28384

Mailing Address (If different than home address.)

City	State	Zip Code

[redacted]

County of Residence: obeson

Previous Name (if applicable):

r Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 253 Gentle Wind Dr

City	State	Zip Code
St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/23/18 X

Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
ALSTON	JOHN	ROBERT	JR

Home Address (NC Residential Address.): 159 PAULOWNIA DR.

City	State	Zip Code
SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: 449750

Phone (optional):

Email (optional): Jstpls@aol.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 159 Paulownia Drive

City: St. Pauls **State:** NC **Zip Code:** 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 10/14/18 *Date*

Signature of Near Relative/Guardian (if applicable): X *Date*

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted] ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Orchard	Marchelen	—	[redacted]	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
272 Gentle Wind Rd	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same	Same		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/5/18 *(Date)* X _____ *(Date)*

[redacted] to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11/6/18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Pettit	Jodi	Lynn	

Home Address (NC Residential Address.)	City	State	Zip Code
2052 NC Hwy 20 East	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	Saint Pauls	NC	28384

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2052 NC Hwy 20 East	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/9/18 Date X _____ Date

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Reed	Syreeta	Necole		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
25 Vermilion Dr.	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): (910) 303-9734

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date: 8/27/18

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: 2018 *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
POWERS	REBECCA	LOUISE	

Home Address (NC Residential Address.)	City	State	Zip Code
484 RENNERT RD.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: [redacted]

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional): rebeccapowers7@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
484 Rennert Rd	Lumberton	NC.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Rebecca (First) (Middle) Powers (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☑ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
484 Rennert Rd.			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC.	28360	9107404715	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

10/18/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X Rebecca Powers 10/18/18 (Date)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCKINLEY	REGINALD	OLIVER	

Home Address (NC Residential Address.)	City	State	Zip Code
209 CLEWIS ST.	LUMBERTON	NC	28358

[redacted] Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
209 CLEWIS ST.	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]nature of Near Relative/Guardian (if applicable)

X _____ 9/30/18 Date

[redacted]stration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312677738 NC8W1035509 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	James	Albert	

Home Address (NC Residential Address.): ~~Maxton 395 market~~ NC 28364

Mailing Address (If different than home address.)

City	State	Zip Code
Maxton	NC	28364

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)
Robson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] Date X _____ Date

[redacted]

ww.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Stribling	Ray	Alexander	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
109 Patterson Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 416-9749	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWRY	SHERWOOD		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
156 MACIE RD.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Pembroke	nc	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-28-18 X _____
Date Date

CSBE.gov to check [illegible] or absentee voting status.

RSE FOR AD[illegible]ITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Yoko		

Home Address (NC Residential Address.): 97 Leesville Rd.

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional): 910-740-9377

Email (optional):

[redacted]

Absentee Mailing Address (where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 9-7-18 **Date**

Signature of Near Relative/Guardian (if applicable): X **Date**

[redacted]

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
PREVATTE	LYNDA	LAWSON	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 58 1248 S. Creek Rd.	ORRUM	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 58	Orrum	N.C	28369

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-770-2246	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Lynda Lawson Prevatte	Orrum	N.C	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 9-29-18

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted] to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

Exhibit 42-24

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jacobs	Fredia	Jones		[redacted]

Home Address (NC Residential Address.): 734A

Mailing Address (If different than home address.)

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/15/18 X

Date

Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	RODERICK	GLENN	JR

Home Address (NC Residential Address.)	City	State	Zip Code
306 E WARDELL DR	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 1171	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000448841	910 521-4786	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

4/26/2018 **Signature of Near Relative/Legal Guardian** (if applicable)

X _____ _____
Date

registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	RODERICK	GLENN	

Home Address (NC Residential Address.)	City	State	Zip Code
306 E WARDELL DR	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 1171	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	910 522-4786

Voter Registration No.	Phone (optional)	Email (optional)
000000448842	910 521-4786	r locklear @ lumbee.org

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1171	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

4/26/18 **Signature of Near Relative/Legal Guardian (if applicable)**

X _____ _____
Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	RUTH	L	

Home Address (NC Residential Address.)	City	State	Zip Code
306 E WARDELL DR	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 1171	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000448845	[redacted]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 1171	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name		Requestor's Address	Name of Corporation (If appointed legal guardian)
	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4/26/2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2018.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Hadger	Shirley		[redacted]

Home Address (NC Residential Address.): 310 N. Canal St.

City	State	Zip Code
Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No.: Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov 6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Yolanda~~ Moore	Yolanda		

Home Address (NC Residential Address.): 555 Grandlemire Rd Lot 48

Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C	~~28358~~ 28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 Date X Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 6 Nov 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
GRIMES	NORVELL		Mr.

Home Address (NC Residential Address.)	City	State	Zip Code
2 PINTO DR.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
2 Pinto Dr.	Lumberton	NC	28360

County of Residence	Previous Name (if applicable)
Roberson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2 Pinto Dr.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

20 Oct 2018 (Date) _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PLUMADORE	DANIEL	CLAYTON	Sr.

Home Address (NC Residential Address.)	City	State	Zip Code
131 ELIZABETH CT.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
131 Elizabeth Ct.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si[redacted]

Signature of Near Relative/Guardian (if applicable)

10/03/18 X

Date

k your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SAMPSON	JAN	CLARK	

Home Address (NC Residential Address.)	City	State	Zip Code
3569 E. WHITE POND RD.	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	Jan Clark

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-733 1183	JanClark42254@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Robeson County Board of Elections	Lumberton	NC	28359-2159

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313218652 NC8W1001708 IVNC

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2021

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-Lo-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
VEDDER	[illegible]	HENRICK		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
401 W. CLARK ST	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	ST. PAULS		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
401 W. CLARK ST	ST. PAULS	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X 6.14.18

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCLELLAN	RONNIE	TRAVIS	

Home Address (NC Residential Address.)	City	State	Zip Code
292 MCLELLAN RD.	ORRUM	NC	28369

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/15/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	D
CURRIN	JOSEPH	EUGENE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1102 S. AUSTIN ST.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted] ter Registration No.: Optional

Phone (optional): 910-844-3267

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1102 S. Austin St.	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10/13/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X

(Date)

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BADDORF	RALPH	LEROY	SR

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
505 GLENDALE AVE.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
MCLEAN	ELLEN	PITTMAN	

Home Address (NC Residential Address.)	City	State	Zip Code
1383 TURNPIKE RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
P O BOX 1368	LUMBERTON	NC	28359

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000449757		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1368	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name John P. McLean

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
1383 Turnpike Rd			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ 10/29/18 Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
MCLEAN	ELLEN	PITTMAN	

Home Address (NC Residential Address.)	City	State	Zip Code
1383 TURNPIKE RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
P O BOX 1368	LUMBERTON	NC	28359

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000449757		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1383 Turnpike Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 3/26/18

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on November 6 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCMILLAN	DEBORAH	CRUMPTON	

Home Address (NC Residential Address.): 2729 Shaw Mill Rd

City	State	Zip Code
Saint Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2729 Shaw Mill Rd

City	State	Zip Code
Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 10/17/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

E.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Justice	Ruth	W	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
145 Shasta Dr	St. Pauls	N.C	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

SSN: X X X - X X - [ ][ ][ ][ ]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Sig[redacted]

8-26-18 (Date)

Signature of Near Relative/ Guardian (if applicable): X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
LOWRY	ASA	Martin		[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
160 Lonnie Farm Rd	

City	State	Zip Code	City	State
Pembroke	NC	28372		

Have you lived at this address for more than 30 days?	County of Residence	Previous Name (if applicable)
☑ Yes ☐ No If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Cnjone		

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9/28/18	X _____
Date	Date

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 42 32

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WILSON	HAZEL	ARLENE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
PO BOX 1085					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1085	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	10/14/18	X	

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hill	Resha		

Home Address (NC Residential Address.)	City	State	Zip Code
103 Industrial Dr	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-6-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted] .gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Gable	Katherine	Marie	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1709 W. McRainey Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

oter Registration No.: 450159

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1709 W. McRainey Rd	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-18-18 *(Date)* X _____ *(Date)*

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Gable	Robert	Neal	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1709 W. McRainey Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Roberson

Previous Name (if applicable):

[redacted]

Voter Registration No.: 150160

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1709 W. McRainey Rd	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-18-2018 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lange	Rhonda	Ann	[redacted]

Home Address (No Residential Address.): 2362 Oak St

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/09/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McDuffie	Lashawn		

Home Address (NC Residential Address.): 21st East Seventh St.
City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name (First / Middle / Last / Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9/6/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
MCLEAN	WILLIE	MAE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
189 NC71 HWY N	PO BOX 747

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000450318	844-6568	—

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-22-2018 X

Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jenkins	Denise	White		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
279 Frontier Dr	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
279 Frontier Drive	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/2018 (Date) X _____ (Date)

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Jenkins	Denise	White	[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
279 Frontier Drive	

City	State	Zip Code	City	State	Zip Code
Parkton	NC		Parkton	NC	28371

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Ordone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
279 Frontier Drive	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

08/29/2018 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCGILL	EDWARD	E	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
507 WINONA AVE.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
507 WINONA AVE	LUMBERTON	NC	~~28358~~ 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: EDWARD (First) EUGENE (Middle) MC GILL (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
507 WINONA AVE				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
LUMBERTON	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

16 OCT 2018
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUGGINS	MARY	ELLEN	

Home Address (NC Residential Address.)	City	State	Zip Code
87 JAMIE DR.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
Same	Lumberton	NC	28340

County of Residence: Robeson

Previous Name (if applicable): Mary Ellen H. Horne

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
87 Jamie Drive	Lumberton	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ Date

[redacted] ation or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF
P. O. BOX 27255
RALEIGH, NC 27611-7
PHONE: 1-866-522-47
elections.sboe@ncsb

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: Statewide Primary Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** May 8, 2018 *Election D*

Voter Information

Last Name	First Name	Middle Name
Hunt	Matthew	Hensdale

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
538 Gerald Road	538 Gerald Road

City	State	Zip Code	City
Fairmont	NC	28340	Fairmont

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicabl

[redacted]

nber below. (or see instructions)

X - XX -

Voter Registration No.

Opt out

Phone (optional)

Email (

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State
538 Gerald Road	Fairmont	NC

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballo

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ gran
☐ child ☐ grandchild ☐ stepchild ☐ mot
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spou

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardi

4-2-18 X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Request ID: 78 - 5487

~~Exhibit 4.2.3.2.2~~

1432 of 2821

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
CASHWELL	DOROTHY	W	

Home Address (NC Residential Address.)	City	State	Zip Code
4109 VANN DR	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000450776		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
DOROTHY W CASHWELL	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ~~☐ Non-partisan~~ DC

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-14-18 Date X _____ Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
CASHWELL	DOROTHY	W	

Home Address (NC Residential Address.)	City	State	Zip Code
4109 VANN DR	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
4109 VANN DR	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

oter Registration No.	Phone (optional)	Email (optional)
00000450776		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4109 VANN DR	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name ☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-29-18 Date X _____ Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
LEWIS	GEORGIA	BARNES	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1404 TOWNSEND ST	1000 WESLEY PINES RD # 205-1W

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000450797		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~PRIMARY~~ GENERAL ELECTION on 11 6 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BARTON	DONALD	N	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
228 BUCK RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)	
ROBESON		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional	910 844-3558	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
228 BUCK RD	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312699780 NC8W1049745 IVNC

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Jack	Zelmon	

Home Address (NC Residential Address.): 828 Ballance Farm Rd
City: St Pauls | State: NC | Zip Code: 28384

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No. [redacted] | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/10/18 (Date) X (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Rice	Mark	Andrew	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1666 Elijah Rd	

City	State	Zip Code	City	State	Zip Code
Orrum	NC	28369			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1666 Elijah Rd	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-24-18 Date X _____ Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
DERSTINE	MAXINE	ELAINE	

Home Address (NC Residential Address.)	City	State	Zip Code
612 E. MCRAINEY RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robe

Previous Name (if applicable)

[redacted] ter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6 4 A			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature o[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] BE.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McCallum	Eloise	S.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2830 Alfordsville Rd.	Rowland	N.C	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Original	910-422-3006	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

8/30/18 *(Date)* X _____ _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Moody	Glenda	Carlene		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
423 Old Red Springs Rd	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364	Maxton		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-280-1733	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-24-2018	X	

BE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Watson	Deshon		

Home Address (NC Residential Address.): 417 Cinder

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No.

Phone (optional): 910-

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-10-18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MCKINDLEY	CATHY	LYNN	MRS

Home Address (NC Residential Address.)	City	State	Zip Code
209 CLEWIS ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): (910) 374-3887

Email (optional): CathyMKinley50@att.net

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date 9-30-18

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
CURRIN	TANYA	POPLIN	

Home Address (NC Residential Address.)	City	State	Zip Code
1102 S AUSTIN ST	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
1102 S Austin St	maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000451877		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1102 S Austin St	maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name ☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/22/18 *Date* X _____ _____ *Date*

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	HATTIE	MAE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
72 MARCUS RD.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Pembroke	N.C	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

Date X Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Wilkins	Willie	Mae	

Home Address (NC Residential Address.): 5214 old Lowery Rd.
City: Shannon | State: NC | Zip Code: 28386

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☑ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] Date

X _____ Date

[redacted]

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name
LOWRY	David	Shane

Home Address (NC Residential Address.)	City	State	Zip Code
3574 W. McDuffie Crossing Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 147	La Mirada	CA	90637

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 147	La Mirada	CA	90637

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[ ] Democratic [X] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [X] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Aleshia Nichol Brewer-Lowry

[X] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	City	State	Zip Code
P.O. Box 147	La Mirada	CA	90637

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email
919-524-1689	Lumbeegal@hotmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Nichol Brewer-Lowry 3/5/18
Date

v.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: November Municipal Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
Lowry	David	Shane	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3574 West McDuffie Cr Rd	PO Box 147

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360	La Mirada	CA	90637

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		LOWRY1872@GMAIL.COM

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO BOX 147	LA MIRADA	CA	90637

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/2018 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Arndt	Robert	Jeffrey		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
801 Pine St.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	9105218087	robert.arndt@uncp.edu

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date ____ X ____ Date ____

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Zook	Dennis	Ray	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1035 Collins Dr.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
500 SE 16th Street	Abilene	KS	67410

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/9/18 (Date)

Signature of Near Relative/Guardian (if applicable) X ___ (Date)

[redacted]

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** ~~11-6-18~~ AB 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Brown	Anitra	Ayanna	

Home Address (NC Residential Address.)	City	State	Zip Code
207 Warren St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

~~10-29-18~~ Date X _____ Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS	C	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
807 DEEP BRANCH RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-28-2018 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
SINCLAIR	FREDDIE	DWAYNE	

Home Address (NC Residential Address.)	City	State	Zip Code
1452 PLEASANT MEADOW RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000452361		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Carter	Dietra	Rennee	

Home Address (NC Residential Address): 1039 Brisson Rd
City: St Pauls State: NC Zip Code: 28384
Lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 (Date) X (Date)

[redacted]

...w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Mar. 6 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CARTER	DIETRA	RENNEE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1039 BRISSON RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence: Robson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City:** Saint Pauls | **State:** NC, | **Zip Code:** 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Arnett	Julianne			

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
801 Pine St. Apt. I	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (if applicable)

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Optional	5218087	Jules6zarnett@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (optional)	Signature of Near Relative/Guardian (if applicable)
8/21/18 X	
Date	Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
CARTER	MARCUS		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
112 McLEAN Street	

City	State	Zip Code	City	State	Zip Code
RED SPRINGS	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08-23-18 X

Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Carter	Ralph	Orando	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1039 Brisson Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1039 Brisson Rd.	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 X _____ Date

www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Carter	Ralph	Orlando	

Home Address (NC Residential Address.): 1039 Brisson Rd
City: St. Pauls | State: NC | Zip Code: 28384
[redacted] ☑ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No.: Optional
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 9/7/18 (Date) x (Signature of Near Relative/Guardian (if applicable)) (Date)

[redacted] ww.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** May 8 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CARTER	RALPH	ORLANDO	

Home Address (NC Residential Address.)	City	State	Zip Code
1039 BRISSON RD.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Saint Pauls	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 8/10/18 *(Date)* **Signature of Near Relative/Guardian** (if applicable) X *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	BETTY	JANE	

Home Address (NC Residential Address.)	City	State	Zip Code
505 ALFORDSVILLE RD.	ROWLAND	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	9105216320	

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?)	~~City~~	~~State~~	~~Zip Code~~
505 Alfordsville Rd.	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

ctive duty and currently absent from county of residence or an eligible spouse/dependent.

ly

ving overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email

Fax Number or Email Address

X _____ Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313201524 NC8W1092331 IVNC

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Owens	Matthew	Gary	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4700 Blanchard Rd.	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4700 Blanchard Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-24-18 X
Date Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Sweeny	Belinda	Rose	[redacted]

Home Address (NC Residential Address.): 309 E. 18th Street

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/2018 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Brewer-Lowry	Aleshia	Nichol

Home Address (NC Residential Address.)	City	State	Zip Code
3574 W. McDuffie Crossing Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 147	La Mirada	CA	90637

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 147	La Mirada	CA	90637

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[ ] Democratic [X] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [X] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

3/5/18 *(Date)* X _____ *(Date)*

v.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: November Municipal Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
Brewer-Lowry	Aleshia	Nichol	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3574 W McDuffie Crossing Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 147	La Mirada	CA	90638

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	Aleshia Nichol Brewer

Voter Registration No.	Phone (optional)	Email (optional)
Optional	919-524-1689	lumbeegal@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 147	La Mirada	CA	90638

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FAX: 910-671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
LEWIS	STEPHANIE	A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
111 Pinecrest Circle	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/7/18 *(Date)* X _____ _____ *(Date)*

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Larry	Antwone	[redacted]

Home Address (NC Residential Address.): 2354 Oak St

City: Lumberton | State: N.C | Zip Code: 28358

Mailing Address (if different than home address.)

City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

If "No," indicate the date of your move: [redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-9-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: ~~Dan McCrady~~ Democratic General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
McMillan	Paula	Baxter	

Home Address (NC Residential Address.)	City	State	Zip Code
204 Church St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
204 Church St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted]-31-2018 (Date) X [redacted] (Date)

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
McMillian	Linda		[redacted]

Home Address (NC Residential Address.): 1202 McArthur Street

City: Lumberton | State: NC | Zip Code: 28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City | State | Zip Code

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-1748 X

Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: November Municipal Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** NOVEMBER 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
GERALD	EDMOND	JEROME	

Home Address (NC Residential Address.)	City	State	Zip Code
39 LEONA DRIVE	FAIRMONT	NC	28340

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable): NOT APPLICABLE

Voter Registration No.: 000000453394

Phone (optional):

Email (optional): ejg0522@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 39 LEONA DRIVE | **City:** FAIRMONT | **State:** NC | **Zip Code:** 28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BAKER	SHEILA	TOMEKA	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
317 ADDISON TRAM RD.	

City	State	Zip Code	City	State	Zip Code
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

30 Sept 2018 *Date*

Signature of Near Relative/Guardian (if applicable)

X Ruby L. Mayfield 10.3.2018 *Date*

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Da)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Su
Oldham	Brenda	Jean	

Home Address (NC Residential Address.)	City	State	Zip Code
57 Edgegrove Circle	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
57 Edgegrove Circle	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-21-18	X	
Date		Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Oldham	Brenda	Jean	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
57 Edgegrove Circle					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-1-18 *Date* X *Date*

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	IRENE	STALEY	F

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 2	

City	State	Zip Code	City	State	Zip Code
LUMBER BRIDGE	NC	28357			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 2	Lumber Bridge	N.C.	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ 10-4-18 Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Fonsha	Devone	

Home Address (NC Residential Address.)	City	State	Zip Code
406 East 8th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
406 East 8th Ave	Red Springs	NC	28377

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S [redacted]

8-8-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
SHAW	LEIGH	ANNE	

Home Address (NC Residential Address.)	Mailing Address (If different than [redacted])
2325 SHAW RD.	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2325 Shaw Rd	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hammonds	Danielle			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Market St	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (please instructions)

Voter Registration No.: Options

Phone (optional): 910-618-7089

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by: (Military/Overseas Voters Only)** ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	**Signature of Near Relative/Guardian** (if applicable)	Date
[redacted]	9-6-18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
TOLSON	ANNIE	HARDIMON	

Home Address (NC Residential Address.)	City	State	Zip Code
2871 SHAW MILL RD	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000453645		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
11009 Whitney Chase Dr.	Riverview	FL	33579

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Robert Tolson

☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
2871 Shaw Mill Rd	

City	State	Zip Code	Requestor's Phone	Requestor's Email
St Pauls,	NC	28384	910 865-2508	mexrp13@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Robert Tolson 26 Oct 18
Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Williams	Monique		

Home Address (NC Residential Address.)	City	State	Zip Code
606 Canal Street	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
1367 East 56th Street Apt 2	Brooklyn	NY	11234

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Kings	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	718 208-3402	diamonddiva606@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1367 East 56th Street Apt 2	Brooklyn	NY	11234

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ *stepparent*
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-24-18 X
Date Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Christopher	A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
12493 NC. highway 41N.	Lumberton	NC.	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson County

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/24/18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Da[redacted]
Powers	Jeanette	Denise		

Home Address (NC Residential Address.)	City	State	Zip Code
100 Avery Rd.	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
100 Avery Rd.	St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted] SSN X X X - X X - [ ][ ][ ][ ]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
100 Avery Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/31/18 (Date)

Signature of Near Relative/ Guardian (If applicable) x [signature] (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	S
Williams-Selph	Crystal	JeanAnn	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2214 Ballance Farm Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2214 Ballance Farm Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 X

Date

[redacted] ck your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	William	Paul	

Home Address (NC Residential Address.): 204 Mount Boldy Rd.

Mailing Address (if different than home address.):

City	State	Zip Code
Parkton	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-9-18 X

Date Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type: Primary, General, Municipal, Special, etc.) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bessie Dean	Bessie	M	

Home Address (NC Residential Address): 11802 US 301 Hwy S.
City: Rowland State: NC Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence

Previous Name (if applicable)

[redacted] oter Registration No.

Phone (optional): 910 422 3371

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] X 9/10/18 (Date) X (Date)

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Dean	Richard	T	

Home Address (NC Residential Address.)	City	State	Zip Code
11802 US 301 Hwy S.	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] x 9/10/18 (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Taylor	Tara	Shanae		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1257 Tom M Rd	

City	State	Zip Code	City	State	
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below (or see instructions): [redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	10/3/18	X	

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
STONE	SAUNDRA	KAYE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
P. O BOX 588	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000453912		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

[redacted]

stration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Rhodes	Roshanda			

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1036 Industrial Drive	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional): 910-628-6264

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X Date

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: 2018 Midterm Election (Election Type) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
SHELBY	SUSAN	HICKS	

Home Address (NC Residential Address.)	City	State	Zip Code
411 DUART RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 10/K/2018

Signature of Near Relative/Guardian (if applicable)

Date

[redacted]gov to check your voter registration or absentee voting status.

[redacted]E FOR ADDITIONAL INFORMATION

[redacted]319

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 4890 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McNeil	Levon	Mauri a		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
39 Dijour Dr.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X 6/13/18

Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Da)*

Voter Information

Last Name	First Name	Middle Name	Su
Pate	Lori	Wilson	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2580 Ballance Farm Rd	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2580 Ballance Farm Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/25/18 X
Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Adcox	Jonathan			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2034 old Allenton Rd.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (see instructions)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?): Same As Above

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-27-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

North Carolina State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Mercer	Alvin	John Britton	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
405 Cherokee St.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	
10/8/18 (Date)	X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Shanquilla		

Home Address (NC Residential Address.)	City	State	Zip Code
163 Ralph Hunt Blvd	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

Voter Registration No. Cindone

Phone (optional)

Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
163 Ralph Hunt Blvd	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☑ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/30/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 2-3-2

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McRae	Roshell			[redacted]

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
410 Lindsey Drive Apt F					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	N.C	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-16-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
DEESE	Raymond		

Home Address (NC Residential Address.)	City	State	Zip Code
1247 University RD	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 1554	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1584 P.O. Box P	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08-25-18 (Date) X [signature] (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
DENT	BETTY	JOYCE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
482 DENT DR	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000454413		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
482 Dent Dr	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/8/18 X _____
Date Date

E.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Williamson	Nathaniel	J	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
103 Minnesota Ct	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: __/__/__

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/20/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Mc Neill	Margaret	G

Home Address (NC Residential Address.)	City	State	Zip Code
155 Springside Road	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
Red Springs			

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
155 Springside Road	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 5/18 X
Date

Date

check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LN., SUITE 101
FAYETTEVILLE, NC 28301

PHONE: 910-678-7733 FAX: 910-678-7738
absentee@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
McNeill	Margaret		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
155 Springside Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone**	**Email**
Optional	Optional	Optional

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
155 Springside Road	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

OR Signature of Near Relative/Legal Guardian (if applicable)

9/14/18 (Date) X _____ (Date)

to check your voter registration or absentee voting status.

[redacted] Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6th (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Leggette	Med	D	JR.

Home Address (NC Residential Address.): 2016 Hayswood Ave.
City: [redacted] Lumberton State: NC Zip Code: 28358

Mailing Address (if different than home address.)
City: [redacted] Lumberton State: NC Zip Code: 28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson
Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-9-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Democratic *(Election Type (Primary, General, Municipal, Special, etc.))* on Nov. 7th *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	LINDA	JONES	

Home Address (NC Residential Address.)	City	State	Zip Code
4 WESTGATE TERRACE APTS. APT. C	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-12-18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X _____ *(Date)*

[redacted]NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: *Election Type (Primary, General, Municipal, Special, etc.)* on *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Eric		

Home Address (NC Residential Address.): 4568 Elrod.

Mailing Address (if different than home address.)

City	State	Zip Code
Rowland	NC.	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/15/18 X

Date | **Signature of Near Relative/Guardian (if applicable)** | Date

[redacted]

...w.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Oldham	Jessica	Laine	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
526 E Stack St	

City	State	Zip Code	City	State	Zip Code
Saint Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
526 E Stack St	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-9-18 Date

X

Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF EL

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing
PO Bo
Lumb

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8- *Election*

Voter Information

Last Name	First Name	Middle Name
Oldham	Jessica	Laine

Home Address (NC Residential Address.): 526 E Stack St.

Mailing Address (If different than home address.)

City	State	Zip Code
St Pauls	NC	28384

City

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ gran
☐ child ☐ grandchild ☐ stepchild ☐ moth
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spou

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail

Fax Number or Email Address

[redacted]

4-10-18
Date

Signature of Near Relative/Legal G

X

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Shelly	P	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
695 St James Circle	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7-31-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
BAXLEY	BRENDA	ELAINE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4918 PLEASANT HOPE RD	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000455076		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4918 PLEASANT Hope R	FAIRMONT	N.C.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/25/18 Date X Patrick Baxley 10/25/18 Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
RAY	JEFFERY	N	

Home Address (NC Residential Address.)	City	State	Zip Code
1479 CAROLINA CHURCH RD.	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1479 CAROLINA CH. RD

City: PARKTON State: N.C. Zip Code: 28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only): 10/15/2018 Date

Signature of Near Relative/Guardian (if applicable): X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
ROBINSON	RONALD	DEAN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
100 HUNTERS COVE RD.	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
100 Hunters Cove Rd	Saint Pauls	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) — 10-11-18 (Date)

Signature of Near Relative/Guardian (if applicable) — X (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Chambers	Robyn	Yvonne	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4177 Daniel Mcleod Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional): 252-722-4681

Email (optional): robync28377@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?): 4177 Daniel Mcleod Rd

City: Red Springs

State: NC

Zip Code: 28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Aug 22, 18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Conely	Eric	Jarod

Home Address (NC Residential Address.)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

04/05/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 10-17-1[redacted] (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
CONELY	ERIC	JAROD	

Home Address (NC Residential Address.)	City	State	Zip Code
103 MANESS ST.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

10-17-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Baldwin	Evang	Shawon		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2606 Pinehurst	Fairmont	NC	2834

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2606 Pinehurst	Fairmont	NC.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-16-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
PO Box [redacted]
[redacted]
PHONE: [redacted] FAX: [redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PEGUES	LATONYA	LESHELL	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
406 Sinclair St. Apt 12-A	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)
	(910) 747-4916	latonyapegues34@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Black	Tonya	Felicia		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
213 Phillips Ave	

City	State	Zip Code	City
Red Springs	NC	28377	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
213 Phillips Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian
Tonya	

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

5-1-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	Victoria		

Home Address (NC Residential Address.): 921 Blue Rd

City	State	Zip Code
Parkton	NC	28371

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

Voter Registration No.: Unsure

Phone (optional)

Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-27-18 *(Date)* X *(Date)*

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Stephens	Shamika	Mashane	

Home Address (NC Residential Address.)	City	State	Zip Code
261 Clarington Ct.	Lumber Bridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No.: Undone

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9/5/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~Primary~~ General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOVE	KEVIN	JERON	

Home Address (NC Residential Address.)	City	State	Zip Code
1007 SUMMIT AVE., # B	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1007B Summit Avenue	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic (Democratic) ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/28/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
LocKlear	Brittany	Nicole	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
P.O. Box 3340	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
201 Blaine St.	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot to: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-25-18

Date

Be sure to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Pate	Ashley	Denise

Home Address (NC Residential Address.)	City	State	Zip Code
1357 S. Elizabeth St Ext	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1357 S. Elizabeth St. Ext	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/13/18 *(Date)* X _____ *(Date)*

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Patterson	James	Phillip	

Home Address (NC Residential Address.)	City	State	Zip Code
520 East Great Marsh Ch. Rd	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 X / Date / Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Richardson	Kameron	P.	

Home Address (NC Residential Address.): 1320 Iona Church Road
City: Rowland | State: NC | Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 9104223891
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-7-18 (Date) X Kameron Richardson 9-7-18 (Date)

w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Novembr 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WALTERS	JEREMY	WAYNE	

Home Address (NC Residential Address.)	City	State	Zip Code
1006 E. 14TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1006 E 14th St

City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: N/A

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: N/A

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone: —

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.): N/A

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only) [redacted] Date: 9/26/18

Signature of Near Relative/Guardian (if applicable) X Date:

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Justin	Lindsey	Leverne	

Home Address (NC Residential Address): 2208 N. Chestnut St

City	State	Zip Code
Lumberton	N.C	28358

Mailing Address (if different than home address.)

City	State	Zip Code

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X

10/22/2018
Date

w.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
McBryde	Kisha	Maria	

Home Address (NC Residential Address.)	City	State	Zip Code
3650 Meadow View Rd Apt 3	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3650 Meadow View Rd	Lumberton	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/29/18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 6 Nov 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffi
CORAM	JASON	CHARLES	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
339 WASHINGTON ST	ST. PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
PSC 851 Box 509	FPO	AE	09834

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PSC 851 Box 509	FPO	AE	09834-0006

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☒ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☒ Email
PSC 851 Box 509 FPO AE 09834-0006	Fax Number or Email Address: JCORAM79@GMAIL.COM

[redacted]

Signature of Near Relative/Guardian (If applicable)

Date _____ X _____ Date _____

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6th (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Carnes	Brittany		

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
512 east 20th st	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10-9-18 Date	X Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Ross	Linda	Joyce	[redacted]	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
410 E. 8th Avenue	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
410 E. 8th Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

4/30/18 (Date) X (Signature of Near Relative/Legal Guardian (if applicable)) (Date)

NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Evans	Suzanne	Shawnta	

Home Address (NC Residential Address.): 200 N. Morro St Apt 80

Mailing Address (If different than home address.): SAME

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No.: Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-18-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
SUGGS	MARY	BELL	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1382 PLEASANT MEADOW RD	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
00000456591		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/4/18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
SUGGS	MARY	BELL	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1382 PLEASANT MEADOW RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000456591	910 738-7853	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1382 Pleasant Meadow Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-9-18 Date

X Dana Cunningham 4-9-18 Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	HENRIETTA	SALLY	

Home Address (NC Residential Address.)	City	State	Zip Code
288 ARLEAN DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
288 Arlean Dr	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/11/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Henderson	Shawnie	M		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)

City	State	Zip Code	City	State	[redacted]
St Pauls Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___		

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

[redacted]	Signature of Near Relative/Guardian (if applicable)
8-15-18 Date	X Date

[redacted] BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Mecklenburg County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Lambert	Vicky		

Home Address (NC Residential Address.): 407 Blaine St.
City: Pembroke State: NC Zip Code: 28372

Mailing Address (If different than home address.)
City State Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18 X
Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	James		

Home Address (NC Residential Address): 1617 Huggin Rd
City: Lumberton State: NC Zip Code: 28360
Mailing Address (if different than home address.)
City State Zip Code
Have you lived at this address for more than 30 days? ☑ Yes ☐ No
County of Residence
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/6/18 X
Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *(Election Dat)*

Voter Information

Last Name	First Name	Middle Name	Su
Boyd	Jennifer	Jayne-Ann	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
242 Applewood Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
242 Applewood Rd.	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-21-18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Boyd	Jennifer	Jayne-Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
242 Applewood Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
242 Applewood Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-21-18 Date X _____ Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRYANT	LETTIE	M	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
159 MODEST RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9-28-018 Date

Signature of Near Relative/Guardian (if applicable) X Lee Roy Cummings 9-28-18 Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Lockhear	Candice	Rochelle	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
144 Kyle Brooke Dr	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 144 Kyle Brooke Dr

City: Red Springs

State: NC

Zip Code: 28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-12-18 X

Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
GAY	VICTORIA	F	

Home Address (NC Residential Address.)	City	State	Zip Code
3752 SHAW RD.	LUMBER BRIDGE	NC	28357

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3752 Shaw road	LumberBridge	N.C.	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	9-30-18	X	

BE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
NEALY	DEMONICA	L	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
758 LITTLEFIELD ACRES LOOP RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No.: 000000456999

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☒ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
758 Littlefield Acres Loop Rd
[redacted]358

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☒ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Dianne Nealy 4-16-18
Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type: Primary, General, Municipal, Special, etc.) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Schroeder	Sarah	E H	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
103 Rosewood Dr	Lumberton	NC	28358

Mailing Address (If different than home address.): ~~109-100 Paget St~~ MRH

City	State	Zip Code
~~Atlantic Beach~~ MRH	~~MB~~	~~28512~~ MRH

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Rosewood Dr	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Mary Ruffle Hendricks

[ ] spouse [ ] brother/sister [X] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
103 Rosewood Dr			
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**
Lumberton	NC	28358	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Mary R Hendricks 10/30/18

Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 6 Nov 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
FAULK	CEDRICK	HOWARD	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2309 TURKEY BRANCH RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2309 Turkey Branch Road	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10Oct18 (Date)

Signature of Near Relative/Guardian (if applicable)
X (Date)

[redacted] to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11-6-2018.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
ROBINSON	JAMES	ROGERS	

Home Address (NC Residential Address.)	City	State	Zip Code
414 QUICK RD.	LUMBER BRIDGE	NC	28357

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence | Previous Name (if applicable)

[redacted]oter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | City: Lumber Bridge | State: NC | Zip Code: 28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

equestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

equestor's Address | Name of Corporation (If appointed legal guardian)

ity | State | Zip Code | Requestor's Phone | Requestor's Email

or Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

lect one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

urrent Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dreadine	Brandon	Clark	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3283 Moss Neck rd	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Options

Phone (optional): 910-479-4649

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Date: 8-27-18

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lynch	Rogelio	Arturo		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1867 Bee Gee Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (if applicable)
	Robeson	

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/15/18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV 6, 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WOOTEN	GILBERT	N	

Home Address (NC Residential Address.)	City	State	Zip Code
410 EMERALD LAKE DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
410 Emerald Lake Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/06/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on NOV 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WOOTEN	ROBERT	J	

Home Address (NC Residential Address.)	City	State	Zip Code
410 EMERALD LAKE DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
410 Emerald Lake Dr	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/6/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133
absentee@mecklenburgcountync.gov

RECEIVED
SEP 10 2018
Campaign Finance Office
NC State Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Windley	Clark	Edward	III

Home Address (NC Residential Address.)	City	State	Zip Code
152 Windsor Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
152 Windsor Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.2.2

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WILSON	CRAIG	LAVON	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 1085	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence | Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number | SSN: X X X - [redacted] | Voter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) | Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email | Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Date

SBE.gov to check your voter registration or absentee voting status.

REVERSE FOR ADDITIONAL INFORMATION

33313198485 NC8W1092938 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
LocKlear	Connie	NMN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
P.O. Box 3340	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
201 Blaine St.	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.:

Phone (optional): (910)733-1459

Email (optional): cLocklear58@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-25-18 _____
Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Cox	Melissa	Strickland	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
502 West 26th Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C.	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-18-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAY	VIRGINIA	SHAIN	

Home Address (NC Residential Address.)	City	State	Zip Code
37 SNOW HILL DR.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
37 Snow Hill Drive	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-6-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Wilson	Shellie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
217 E 5th Ave	

City	State	Zip Code	City	State	Zip Code
Reed Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/22/16 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
WASHINGTON	DIANNA	M	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1624 LOMBARDY VILLAGE RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBER BRIDGE	NC	28357			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional	910-316-1199	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-9-18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Lawanda		

Home Address (NC Residential Address.): 2096 Baltimore Ch. Rd.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-674-8946
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 9-5-18 (Date) X (Signature of Near Relative/Guardian (if applicable)) (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACKWELL	SUSAN	PARHAM	Mrs.

Home Address (NC Residential Address.)	City	State	Zip Code
270 BRISSON SANDS DR.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
270 Brisson Sands Dr.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-17-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Sampson	Jessica	N	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
422 Paris St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 4-4-18 **Signature of Near Relative/Guardian** (if applicable)

[redacted] X _____ _____
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
BURNEY	LILLIAN	ROSE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2071 CEDAR GROVE CHURCH RD	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000458451		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2071 Cedar Grove CH. Rd.	St. Paul's	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name						
	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent	
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law	
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian			

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-26-2018 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
BURNEY	LILLIAN	ROSE	

Home Address (NC Residential Address.)	City	State	Zip Code
2071 CEDAR GROVE CHURCH RD	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000458451		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
BURNEY	LILLIAN	ROSE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2071 CEDAR GROVE CHURCH RD	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000458451		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2071 Cedar Grove CH. Rd.	St. Paul's	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-26-2018 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bilenovich	Mary	R		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
885 Shawn Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
885 Shawn Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-28 Date

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Conely	James	Loyd	

Home Address (NC Residential Address.)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 6/18 *(Date)* X _____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 10/17/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CONELY	JAMES	LLOYD	JR

Home Address (NC Residential Address.)	City	State	Zip Code
103 MANESS ST.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) — Date: 10-17-18

Signature of Near Relative/Guardian (if applicable) X — Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	D
BLACKMON	BESSIE	FRANCES		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 33	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (If applicable)
	beson	

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 33	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)
X _____ Date

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

1565 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Rozier	Brenda	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
234 Folly Dr	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

8-22-18 Date

X _____ Signature of Near Relative/Guardian (if applicable) _____ Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
[redacted]
PHONE: [redacted] FAX: [redacted]
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General on 11-18-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sundeel	Sabina	—	

Home Address (NC Residential Address.): 220 Hedgepeth Circle
Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson
Previous Name (if applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Love	Lakeshea	S	

Home Address (NC Residential Address.): 1005 Linwood Ave
City: Lumberton State: NC Zip Code: 28358
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence
Previous Name (If applicable)
Voter Registration No.
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 10/9/18 Signature of Near Relative/Guardian (if applicable)
Date X Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Montilus	Sandhya		

Home Address (NC Residential Address.)	City	State	Zip Code
5 Stratford Lane	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X [signature] _____ Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Carpenter	Philip	L	

Home Address (NC Residential Address.): 81 Delmar St

City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (if different than home address.)

City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First / Middle / Last / Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) _____ Date

10/17/16 X
Date

gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Deese Oxendine	Grace	K.	[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
651 Deese Rd	

City	State	Zip Code	City	State	Zip Code
Pembroke.	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Original

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date: 8.28.18 Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Anita	E	

Home Address (NC Residential Address.)	City	State	Zip Code
107 Front St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
PO Bx 2783	Lumberton	NC	28358

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-4-18 X _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State of North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
ROSS	MARK	S	

Home Address (NC Residential Address.)	City	State	Zip Code
3202 ROWLAND AVE	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
SAME	SAME		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-10-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28321

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FAX: 910-671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Mc Bryde	Rosa	Lee	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
152 Mcallister Circle	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
152 Mcallister Circle	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] April 5, 18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McDonald	Sylvia	Jean	

Home Address (NC Residential Address.)	City	State	Zip Code
928 Magnolia Way Apt 28	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Ondone	910-733-3329	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-21-18 Date X _____ Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean	Joyce	Lee	MS

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2118 Turner Place	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C.	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No. | Phone (optional) | Email (optional)

Online | 910-640-4261

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/17/18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
PHONE: 704-[redacted]3 FAX: [redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-18-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Mix	Krystal	AnnTonia	

Home Address (NC Residential Address.)	City	State	Zip Code
2403 Alexander St	Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 (Date) X (Date)

[redacted]CSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Leach	Mary	M	[redacted]

Home Address (NC Residential Address.): 511 East 14th
City: Lumberton State: NC Zip Code: 28358

Mailing Address (If different than home address.): 51
City: State: Zip Code:

Have you lived at this address for more than 30 days? ☐ Yes ☐ No [redacted]

County of Residence:

Previous Name (if applicable):

Voter Registration No. (optional):

Phone (optional): 910

Email (optional): 674-4680

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:
Name of Corporation (If appointed legal guardian):
City: State: Zip Code:
Requestor's Phone:
Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Tywana	Gail	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3600 Cliffridge Drive					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | **State** | **Zip Code**

Requestor's Phone | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

14/12/2018 X

Date Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-2018. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Harvard	Dean	Sr.

Home Address (NC Residential Address.)	City	State	Zip Code
1519 St. Anna Road	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 234	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-736-5496	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 234	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 1 2 2018
STATE BOARD OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10-7-18 X	
Date	Date

CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAY	GLADYS	TYLER	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
125 TRUCK LN.	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	Mc Neill

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-843-5488	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Rennert	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Dat
YOST	EDEL	TAYLOR	JR	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
166 LAMBSHIRE DR.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

r Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
166 Lambshire DR	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter-only) [redacted] 10-3-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

.gov to check your voter registration or absentee voting status.

[redacted]E FOR ADDITIONAL INFORMATION

331

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
BURNEY	RONALD	EARL	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2071 CEDAR GROVE CHURCH RD	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000459861		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2071 Cedar Grove Ch. Rd.	St. Paul's	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
BURNEY	RONALD	EARL	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2071 CEDAR GROVE CHURCH RD	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000459861		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
BURNEY	RONALD	EARL	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2071 CEDAR GROVE CHURCH RD	

City	State	Zip Code	City	State	Zip Code
ST PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: 000000459861

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2071 Cedar Grove Ch. Rd.	St. Paul's	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	JEANETTE	J	

Home Address (NC Residential Address.): 108 TOLAR RD.

City	State	Zip Code
SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 108 Tolar road

City	State	Zip Code
St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 9-27-2019 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hallman	Tyrone			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
804 East Main St.	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unknown	(910) 729-1183	

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-28-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
McGillum	MARion		

Home Address (NC Residential Address.): 642 Purvis Rd

City	State	Zip Code
Rowland	NC	28383

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
MCRae	Priscilla	Digne	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4025 Austin St Apt 4A	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Ordered	1-843-535-1505	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/22/18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General Ballot (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
RICHARDSON	TYEMESHIA	NICOLE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
203 DEER STAND DR.	P.O. BOX 418

City	State	Zip Code	City	State	Zip Code
LUMBERTON	N.C.	28358	LUMBERTON	N.C.	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

oter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

18/22/8 X _____

Date Date

.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
WITMORE	KEVIN	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5129 DEEP BRANCH DR	

City	State	Zip Code	City	State	Zip Code
PINEBROOK	NC	28374			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 (Date) X _____ (Date)

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Dat)*

Voter Information

Last Name	First Name	Middle Name	Suf
Bethea	Brittany	Shantel	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
105 W Brown St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Spring	NC	28377			

[redacted]

County of Residence	Previous Name (If applicable)	
Robeson		
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-23-18 X
Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HAYES	EVELYN	KING	

Home Address (NC Residential Address.)	City	State	Zip Code
438 KING FARM RD.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X Terri H. Harris

Date

CSBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Kay	Carolyn	Glover	

Home Address (NC Residential Address)	Mailing Address (if different than home address.)
1043 Britt Rd	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	865-9160	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Thurman	LaShawn	Shanetta	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
99 Birdhouse Road	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 907	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/28/18 X [signature] Date

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	MELISSA	SUE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1013 WARD STORE RD.	

City	State	Zip Code	City	State	Zip Code
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?)	City	State	Zip Code
1013 Ward Store Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (required)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	10-3-18	X	

[redacted] to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Major	John	Westley	Sr	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
107 Phillips Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State
[redacted]		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 8-23-18

Signature of Near Relative/Guardian (if applicable) X Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
GOINES	PAMELA	FAYE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
PO BOX 410					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28359			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 410	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/24/2018 (Date) X _____ (Date)

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election D*

Voter Information

Last Name	First Name	Middle Name	S
Bethea	Selena	Denise	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1131 Norment road	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	28360

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1131 Norment road	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

ea 7/9/18 X

Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary & General *(Election Type (Primary, General, Municipal, Special, etc.))* on Nov. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BILLINGS	NANCY	JANE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
325 LINDSEY CT.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
Oct. 17, 18 *Date*	X *Date*

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Patrick	Ronald	N.	Mr.

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
141 Berkshire Dr.	

City	State	Zip Code	City	State	Zip Code
St. Pauls	N.C.	28384			

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

r Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
141 Berkshire Dr.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

S[redacted] 6-11-2018 Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PATRICK	RONALD	N	

Home Address (NC Residential Address.): 141 BERKSHIRE

Mailing Address (if different than home address.):

City	State	Zip Code
St. Paul	N-C	28384

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

9-7-18 X
Date Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BREWER	DANIEL	RAY	

Home Address (NC Residential Address.)	City	State	Zip Code
4078 REGAN CHURCH RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4078 Regan Ch Rd.	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-1-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LN., SUITE 101
FAYETTEVILLE, NC 28301

PHONE: 910-678-7733 FAX: 910-678-7738
absentee@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 06, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hilburn	Jeffrey	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
24107 NC Hwy 71 N	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 539	Parkton	NC	28371

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone	Email
Optional	Optional	jhilburn68@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 539	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First)	(Middle)	(Last)	(Suffix)
Vicki		Hilburn	

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code
24107 NC Hwy 71 N	Parkton	NC	28371

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email
		v.hilburn05@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

OR

Signature of Near Relative/Legal Guardian (if applicable)
X Vicki Hilburn 10/18/18
Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary & Runoff *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 05/08/2018 & 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hilburn	Jeffrey	L	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
24107 NC Hwy 71			PO Box 539		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Parkton	NC	28371	Parkton	NC	28371

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 539	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name				Relationship
Vicki (First)	L (Middle)	Hilburn (Last)		☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
24107 NC Hwy 71				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Parkton	NC	28371	9108508797	v.hilburn05@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X [signature] 04/20/2018
Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
SHAW	MAZIE	MCQUEEN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1309 EISENHOWER ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000461203		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
* 1309 Eisenhower St.	Lumberton	NC	28358 *

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name * Mazie S. Gibson

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address * 1309 Eisenhower St.

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
* Lumberton	NC *	28358 *	(910)827-0540	mazicgibson@bellsouth.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Mazie S. Gibson 10/30/18 Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Thomas	Joseph	G	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
879 University	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current [redacted] ed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
MCCLELLAN	DOROTHY		

Home Address (NC Residential Address.)	City	State	Zip Code
507 W 25TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000461722		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
17 Conklin Ave	Brklyn.	N.Y	11236

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-9-2018X
Date

Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
Smith	BRIGITTE	Sophia	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
148 Bikeway Rd Lumber Bridge					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumber Bridge	NC	28357			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

RECEIVED BY THE BOARD OF
OCT 25 2018
ELECTIONS & ETHICS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Barber	Brenda	Faye	

Home Address (NC Residential Address.)	City	State	Zip Code
725 N. 5th St. LB NC, 28384	St. Pauls	N.C.	28384

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 656	St. Pauls.	N.C.	28384

[redacted]

County of Registration	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 656	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[redacted]

Date 11-27-18 X

Date

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor	Etta	S	M.

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
34 Sweetbriar Dr					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.: Optional

Phone (optional): 9107394439

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date X 10/20/18 _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Rachel	Lee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
348 Camwood Dr	St Pauls	NC	28384

Mailing Address (if different than home address.)	City	State	Zip Code
PO Box 41	Rex	NC	28378

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 41	Rex	NC	28378

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-23-18 X
Date Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Douglass	Eugene	Farley		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2182 Buie Philadelphus Rd	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
[redacted]n	

[redacted]gistration No.	Phone (optional)	Email (optional)
[redacted]ptional	9102279545	efdouglass@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
605 E Price Rd, Apt 11	Brownsville	TX	78521

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Last) (Middle) (First) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signat[redacted]

X [redacted]/29/2018
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]ov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	JANET	Ann	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1417 E. 6TH ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Robeson	Janet Kelly	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1417 E. 6th St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/27/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
Jenkins	Terry	V oan	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
279 Frontier Dr					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
279 Frontier Dr.	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-23-18 X
Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jenkins	Terry	V	

Home Address (NC Residential Address.): 279 Frontier Dr

Mailing Address (if different than home address.):

City	State	Zip Code
Parkton	NC	28371

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

Voter Registration No.: Cnone

Phone (optional)

Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Aug 29/18 X
Date

Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
JENKINS	TERRY	VOAN	

Home Address (NC Residential Address.)	City	State	Zip Code
279 FRONTIER DR.	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
279 Frontier Drive	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

Date

check your voter registration or absentee voting status.

VERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
COBB	Janiqua		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
9768 NC Hwy 71 W	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/24/18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Demery	Crystal	L.	

Home Address (NC Residential Address.): 209 Ruby Rd

Mailing Address (If different than home address.):

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

8/23/18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All Elections *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	TAMMY	WILKINS	

Home Address (NC Residential Address.)	City	State	Zip Code
291 ROSE RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 280 3590	Tammy.Locklear@Gmail.com.

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
291 Rose Road	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date 9/30/18

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Baxley	Betty	Peppers	

Home Address (NC Residential Address.): 2185 Nevada St.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/20/18 Date

Signature of Near Relative/Guardian (if applicable) X

Date

[redacted]

v to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McCollum	Michael		

Home Address (NC Residential Address.): 400 MLK Drive Apt. 211
City: Lumberton State: NC Zip Code:

Mailing Address (If different than home address.)
City State Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 X _____
Date Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
IVEY	LINCIE	BURNELL	

Home Address (NC Residential Address.)	City	State	Zip Code
401 WINONA AVE.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 401 Winona Ave

City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Wanda (First) I. (Middle) Stephens (Last) Mrs. (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 401 Winona Ave

Name of Corporation (If appointed legal guardian):

City: Lumberton State: NC Zip Code: 28358

Requestor's Phone: 910-738-2843

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): 10/6/18

Signature of Near Relative/Guardian (if applicable): X Wanda Steph 10/6/18 (Date)

voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
Morgan	Eric	Montrel	

Home Address (NC Residential Address.): 103 East Chapel St.

City	State	Zip Code
Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.): PO Box 728

City	State	Zip Code
Rowland	NC	28383

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	Deandra		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
402 W. Church St	P.O Box 607

City	State	Zip Code	City	State	Zip Code
Bowland	NC	28383	Bowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: [redacted] (Optional)

Phone (optional): (910)258-7689

Email (optional): ddav20308@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/29/18 (Date) X _____ _____ (Date)

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name
Jones	Shitan	Drass

Home Address (NC Residential Address.)	City	State	Zip Code
216 Hummingbird Ln.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
P.O Box 1033	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 1033	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 X

Date Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	RANDY	WHITECLOUD	

Home Address (NC Residential Address.)	City	State	Zip Code
289 GARFIELD RD.	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
289 Garfield Road	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) Randy (Middle) W (Last) Bullard (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Jackie		

Home Address (NC Residential Address.)	City	State	Zip Code
502 E. McCormick St	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
422-3104		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/30/2018 X
Date

Date

CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 5, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
SMITH	JACKY	TOWNSEND	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 1196	PINEHURST	NC	28370

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
304 VAZQUEZ RD	SHANNON	NC	28386

County of Residence	Previous Name (if applicable)
OBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. BOX 1196	PINEHURST	NC	28370

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] **nature of Near Relative/Guardian** (if applicable)

Date

[redacted] stration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192180946 NC8W1054823 CVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Malloy	Anthony	Charles	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1[illegible] Old Whiteville Rd.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC				

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08.15.18 Date

X _____ Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28302-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Hawington	Angela	D	

Home Address (NC Residential Address.)	City	State	Zip Code
6080 Britt Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
6080 Britt Rd	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6080 Britt Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-7-18 (Date) X _____ (Date)

v.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
KENNER	ANNIE	D	Mrs

Home Address (NC Residential Address.)	City	State	Zip Code
135 LEONARDO BLVD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 225	Red Springs	N.C.	28377

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 225	Red Springs	N.C.	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-2-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
lockleay	Perlinda	Slate	[redacted]

Home Address (NC Residential Address): 715 A Roberts Ave

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 X

(Date) (Date)

w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SHOOTER	SARA LUANNA	FORE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
801 E. PEACH ST.	

City	State	Zip Code	City	State	Zip Code
ROWLAND	NC	28383			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional): 910 740-0030

Email (optional): lucyfore@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
801 East Peach St.	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [X] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

Sig[redacted] 9/28/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313191391 NC8W1092734 IVNC

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Hooks	Lauren	Nicole	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2460 E 5th St. Lot #30	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28320			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 *(Date)* X _____ *(Date)*

[redacted]gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6th, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	TAMMY	LYNN	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1007 E. 8TH ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional): thham295@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1007 E 8th St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 9-29-2018 X *Date*

Signature of Near Relative/Guardian (if applicable) *Date*

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Wahkuna	Michelle	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
208 Vermilion Dr	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-705-5702	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-27-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
WILLIAMS	MARIA		

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
2088 23rd St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	2523153414	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/16/18 X _____ _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-06-2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
BLUE	CARLAS	LEANDER	

Home Address (NC Residential Address.)	City	State	Zip Code
504 Hickory St.	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 1223	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No. (Optional):

Phone (optional): 910-258-2288

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 1223	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10-26-18 (Date) X

Signature of Near Relative/Guardian (if applicable)

Date

[redacted]

.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
PROUGH	CYNTHIA	MARIA	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
55 BUNN FARM RD	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000463816		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
55 BUNN FARM RD.	PARKTON	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name						
CLIFFORD PROUGH	☒ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent	
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law	
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian			

Requestor's Address	Name of Corporation (If appointed legal guardian)
55 BUNN FARM RD	

City	State	Zip Code	Requestor's Phone	Requestor's Email
PARKTON	NC	28371	910-286-7771	CPROUGH520@GMAIL.COM

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date		Date
	X Clifford Prough	10/9/18

BE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Dwyla	Marie	

Home Address (NC Residential Address.)	City	State	Zip Code
308 Onnie-Joe Rd	Maxton	NC	28364

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 2063	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Troy	Michelle			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
205 Stephens Street	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-736-2126	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] MDT 9-6-18 (Date)	X _____ (Date)

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Nair	Larry	A	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
308 Cottage St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	N.C.	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
LIGON Lisson	Russell	Darrell	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
203 McCollum St	105 Denver Rd

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)
110	910-536-0269	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 6 NOV 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suff
Smith	Eddy	Fausto	

Home Address (NC Residential Address.)	City	State	Zip Code
1243 Blue Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
1236 1/2 Mark Avenue	Tomah	WI	54660

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: 06 / 10 / 2013

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1236 1/2 Mark Avenue	Tomah	WI	54660

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

18 OCT 2018 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hardy	Jimmie			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Kinny St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	392-2462	

[redacted]	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 2/23/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

[redacted]gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Deaver	Lois	Ann		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	Stat

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

[redacted]

Voter Registration No. optional	Phone (optional)	Email (optional)

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

.gov to check your voter registration or absentee voting status.

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State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Deanetra		

Home Address (NC Residential Address.): 918 Hayden

City: Paimont State: NC Zip Code: 28340

Have you lived in NC less than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)

City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-740-4840

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 (Date) X (Date)

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Edwards	John	H	

Home Address (NC Residential Address.): 1303 MLK JR DRIVE
City: Lumberton State: NC Zip Code: 28358
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence

Previous Name (if applicable)

Voter Registration No.

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/16/18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Townsend	Jeremy		

Home Address (NC Residential Address.): 117 East 8th

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 117 East 8th Ave.

City	State	Zip Code
Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Jeremy (First) (Middle) Townsend (Last) (Suffix)

☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 117 East 8th Ave

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Red Springs	NC	28377	(910) 705-9291	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (If applicable)

Date

X [signature] 4-18-18
Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18. *(Election D)*

Voter Information

Last Name	First Name	Middle Name	S
Lowery	Stacey	Kay	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4801 N. Shannon Rd	Shannon	NC.	28386

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4801 N. Shannon Rd	Shannon	NC.	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/18/18 X

Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCNAIR	MARY	MCCALLUM	

Home Address (NC Residential Address.)	City	State	Zip Code
555 CRANDLEMIRE RD., TRLR. 78	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
555 Crandlemire Rd. TRLR 78	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

[redacted] 10-5-2018 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCNAIR	JESSICA	LENORE	

Home Address (NC Residential Address.)	City	State	Zip Code
[redacted] 203 Carolina Ave	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
203 Carolina Ave	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
203 Carolina Ave	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Page	Vicky	K	

Home Address (NC Residential Address): 747 Roberts Ave
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9-5-2018 X
Date

Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

Application

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Mcknight	Sandterria	Nicole	

Home Address (NC Residential Address)	City	State	Zip Code
321 Wiggins Rd	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28359-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Mc Bryde	Beverly		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
152 Mc Allister Circle	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
152 Mc Allister Circle	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-15-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
McBryde	Beverly		

Home Address (NC Residential Address.)	City	State	Zip Code
152 McAllister Circle	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
152 McAllister Circle	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCDUFFIE	ESSIE	LENA	

Home Address (NC Residential Address.)	City	State	Zip Code
400 N. ML. KING JR DR., # APT.506	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? [X] Yes [ ] No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
324 S Wilmington St # 119 Raleigh	Raleigh	NC	27601

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [X] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date 9-30-2018 X

Signature of Near Relative/Guardian (if applicable) _____ Date

[redacted]E.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	GLORIA		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
891 FAITH RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
891 Faith Rd	Pembroke	N.C	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name					
Gloria Oxendine (First) (Middle) (Last) (Suffix)	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian	Self	

Requestor's Address	Name of Corporation (If appointed legal guardian)		
891 Faith Rd			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Pembroke	N.C	28372	910-506-0933	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

X _____ _____
Date

[redacted] check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Rogers	Jessica	Matthews	

Home Address (NC Residential Address.)	City	State	Zip Code
320 E. Armfield St	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same	Same		Same

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Si[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

06/23/18 X

Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Locklear	Lottie	C	

Home Address (NC Residential Address.)	City	State	Zip Code
12 Terrance Drive	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
12 Terrance Drive	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 Date X _____ Date

[redacted] to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S
Brown	Marion	Nelson	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1103 Barnes Rd	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1103 BARNES RD.	ORRUM	N.C.	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Oct. 24, 2018X
Date

Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (*Election Type (Primary, General, Municipal, Special, etc.)*) on NOV. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BROWN	MARION	NELSON	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1103 BARNES RD.					
City	State	Zip Code	City	State	Zip Code
ORRUM	NC	28369			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)	
ROBESON		
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1103 BARNES RD.	ORRUM	N.C.	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility: HOME CARE + HOSPICE

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: KATHLENE (First) E. (Middle) BROWN (Last) (Suffix)

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
1103 BARNES RD				
City	State	Zip Code	Requestor's Phone	Requestor's Email
ORRUM	NC	28369	910-628-5849	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10-3-18 (Date)	X Kathlene E Brown 10-3-18 (Date)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 6TH [redacted] (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
CAFFREY	JOHN	PHILIP	

Home Address (NC Residential Address.): 216 E. 5TH AVE.
City: RED SPRINGS | State: NC | Zip Code: 28377

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No
If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON
Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or ID Number
SSN: XXX - XX [redacted]

Voter Registration No.: Optional
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 10/17/18 X
Signature of Near Relative/Guardian (if applicable) Date

[redacted] Date

t www.NCSBE.gov to check your voter registration or absentee voting status.

REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General/Mid-Term (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
DAVIS	SAMANTHA	D	

Home Address (NC Residential Address.)	City	State	Zip Code
508 CYPRESS ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
2760 Sing Dr.	Sumter	SC	29154

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Sumter	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2760 Sing Dr.	Sumter	SC	29154

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☑ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
2760 Sing Dr. Sumter, SC 29154	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10/26/18 (Date)	X (Date)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary/general *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
FORD	JOELLA	LUECHILLE	

Home Address (NC Residential Address.)	City	State	Zip Code
129 HIDDEN VALLEY LN.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-706-7802

Email (optional):

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?): 129 Hidden Valley Lane | City: Rowland | ~~State~~: NC | ~~Zip Code~~: 28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 9/30/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
BARNWELL	DORIS	MCKINNON	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
City	State	Zip Code	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

S[redacted] **Signature of Near Relative/Guardian** (if applicable)

10-8-18 _____
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BROADWELL	MELODY	JACKSON	

Home Address (NC Residential Address.)	City	State	Zip Code
1150 OAKLAND RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1150 Oakland Rd	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email

Name of Corporation (If appointed legal guardian)

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312675314 NC8W1093716 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Cannon	Kay	Bramble	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
140 Bear Swamp Lane	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online	(910) 733-0709	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/27/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
REVELS	AMY	JO	

Home Address (NC Residential Address.)
174 ODOM HOME PLACE RD.

City	State	Zip Code
SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
Some as aboue

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Collins	Megan	Laurel	

Home Address (NC Residential Address.): 474 Oakgrove Church Rd

Mailing Address (If different than home address.): SAME

City	State	Zip Code
Lumberton	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-29-2018 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
TAYLOR	BETSY	R	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 WESLEY PINES RD # 133-L	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000466566		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signatu [redacted] **Signature of Near Relative/Legal Guardian** (if applicable)

X _____ X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
TAYLOR	BETSY	R	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1000 WESLEY PINES RD # 133-L	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

oter Registration No.	Phone (optional)	Email (optional)
00000466566		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Primary GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Smith	Jonathan	Wesley	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
554 W Broad St	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
335 S. Burlington St.	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

If "No," indicate the date of your move: 7/20/2016

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-258-1592	js02486@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
335 S. Burlington St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-21-18 *Date* X _____ _____ *Date*

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Townsend	Joshua		

Home Address (NC Residential Address.): 68 Phoenix Drive

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional): 910-736-0855

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-7-18 Date X Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suf
Reel	Joseph	Alan	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2986 Shaw Mill Road	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
2984 Shaw Mill Road	Saint Pauls	NC	28384

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-30-18 X
Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 11, 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
STEPHENS	LATERRIA	DEANNA	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
101 W. PINE ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	Laterria Jenkins

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 W Pine St	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	09/28/18	X	

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
Ward	Laura	B.	

Home Address (NC Residential Address.): 3 Mill St.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	N.C.	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-25-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
GAY	ALEXANDER		JR

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3752 SHAW RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBER BRIDGE	NC	28357			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3752 Shaw road	LumberBridge	N.C.	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter/[illegible] Date

Signature of Near Relative/Guardian (if applicable)
X
Date

NCSBE.gov to check your voter registration or absentee voting status.

[illegible]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Reel	Toni	Smith	

Home Address (NC Residential Address.)	City	State	Zip Code
2986 Shaw Mill Road	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
2984 Shaw Mill Road	Saint Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX - XX - [redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S [redacted]

6-30-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
HART	DAVID	FLOYD		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
35 Cold Camp Dr.	PARKTOW	NC	28371

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
467417		

Mailing Address	City	State	Zip Code
35 Cold Camp Rd	PARKTOW	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign[redacted] X

10/01/2018 Date

Signature of Near Relative/Guardian (if applicable) X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080
FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Niles	LaShella			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
247 Austin Rd	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
247 Austin Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 09/09/18

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/20[redacted] *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
EDMONDS	JOHNA	A	

Home Address (NC Residential Address.)	City	State	Zip Code
205 VILLAGE WALK E.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2000 Park Road	Charlotte	NC	28203

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

S[redacted]

10/13/18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] to check your voter registration or absentee voting status.

V2

SEE REVERSE FOR ADDITIONAL INFORMATION

33312679388 NC8W1035371 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GRICE	BETTY	R	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 2641	LUMBERTON	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code
128 Raspberry Lane	Lumberton	N.C	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robson

Previous Name (if applicable):

Voter Registration No. Optional

Phone (optional): 910 852-1559

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

ur voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
JOHNSON	JUTARA	SADE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
108 STEED CIR.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364	maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	N/A	N/A

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 Steed Circle maxton	maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date 9-27-18

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAHAM	JACK	DUSTIN	

Home Address (NC Residential Address.)	City	State	Zip Code
148 SMITH FARM RD.	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
148 Smith Farm Rd	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian [redacted]

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-25-2018 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LIGHT	DAPHNE	STRICKLAND	

Home Address (NC Residential Address.)	City	State	Zip Code
190 VERGIE DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
190 Vergie	Lumberton	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X _____ Date 10-1-18

...to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312683863 NC8W1044734 IVNC

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
PHONE: 704-336-2133 FAX: 704-319-0733
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McDougald	Breanna	Yvette	

Home Address (NC Residential Address.): 211 Spruce Street

City	State	Zip Code
Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)

Phone (optional): (910) 734-9259

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/10/18 (Date) X (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on November 6 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Chen	David		

Home Address (NC Residential Address.)	City	State	Zip Code
2301 Kenan AVE	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
42 Sector Reynolds RD APT 205	Asheville	NC	28804

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/30/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

Sep 29 18 10:54a The Lofts

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
SOWERS	JONI	SMITH	

Home Address (NC Residential Address.)	City	State	Zip Code
308 HOLLYWOOD DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Date 9/28/18

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171806 NC8W1037543 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 42 52

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BUIE	WILLIE	JAMES	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
3467 CRENSHAW RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBER BRIDGE	NC	28357			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional	712-693-0228	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3467 Crenshaw Rd.	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Lester	Corday	Joshua	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
55 Bird House Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
55 Bird House Rd	Rowland	N.C.	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-374-0971	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter

8-28-18 Date — X 8-28-18

Signature of Near Relative/Guardian (if applicable)

Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
DS Jamison	Dorothy		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
710 McKoy St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
710 McKoy St	Fairmont	NC.	28340

If voter is registered ~~as *Unaffiliated*~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-17-18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Purcell	Vincent	Marquelle		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
138 Sandy Grove Rd.	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

Signature of Voter (vo[redacted] 8/28/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Purcell	Charlene	Heather		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
138 Sandy Grove Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

	ity	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (v[redacted] 8/28/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Woods	Sarah	Ellis	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
144 Johnson St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
144 Johnson Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Oct. 22, 2018 X
Date

Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Conely	Crissy		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
103 maness st	

City	State	Zip Code	City	State	Zip Code
Redsprings	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 maness st	Redsprings	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 5, 18 *(Date)* X _____ *(Date)*

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Conely	Crissy	Chavis	

Home Address (NC Residential Address.)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

Mailing Address (If different than home address.) — City — State — Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
SAXON	TIMOTHY	SCOTT	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
40 MARION RD., APT. 1	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
LUMBERTON	BOLESTON

oter Registration No.	Phone (optional)	Email (optional)
Optional	910-887-7543	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

9-27-2018
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
SINGLETARY	MICHAEL	ANTHONY	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
400 N. MLK. DRIVE APT 201	SAME

City	State	Zip Code	City	State	Zip Code
LYON	N.C.	28358	—	—	—

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: —

Previous Name (if applicable): —

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
17			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF EL
P. O. BOX 27255
RALEIGH, NC 27611-725
PHONE: 1-866-522-4723
elections.sboe@ncsbe.g

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERA

I am requesting an absentee ballot for the: Statewide Primary Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 05/08/2018 *(Election Dat*

Voter Information

Last Name	First Name	Middle Name	Suf
Ellis	Matthew	Howard	

Home Address (NC Residential Address.)	City	State	Zip Code
19 Fernwood Circle	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	St
19 Fernwood circle	Lumberton	NC

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

SSN: [redacted] XXX - XX [redacted]

Voter Registration No.: [redacted]

Phone (optional): 9104744594

Email (opt: mhe30@

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State
3613 Hansberry Court NE	Washington	DC

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to

Requestor's Name (first, middle, last, suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandpa
☐ child ☐ grandchild ☐ stepchild ☐ mother-
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near r

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

Sign [redacted] X 4/15/18 (Date) **Signature of Near Relative/Guardian** X

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR MCMILLIAN	HILDRETH	ANN	

Home Address (NC Residential Address.)	City	State	Zip Code
2566 MCLEOD DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/3/18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33312697289 NC8W1049926 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Candice	Hardin	

Home Address (NC Residential Address)	City	State	Zip Code
296 Allenton Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: 468825

Phone (optional):

Email (optional): cphunt7@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
7511 Horizon Line Dr. Apt 1321	Raleigh	NC	27617

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother / sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/ Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/ guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/ Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/ Guardian (if applicable)	Date
[redacted]	4/16/18	X	

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Bethea (Branson	Rylan	Victoria	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
710 West Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/31/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 7/30/2024

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McIntyre	Charlesie	Denise		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
106 South Vann Street	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910)225-2424	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-23-18 X

Date Date

[redacted] to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
White	Margaret	E.	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
742 Pittman Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /		

Voter Registration No.	Phone (optional)	Email (optional)
Ondone	910 3162313	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date	Signature of Near Relative/Guardian (if applicable)	Date
8/21/16	X [signature]	

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Blackmon	Charlie	Ray	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
50 Crescent St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
50 Crescent Street	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Blackmon	Charlie	R	

Home Address (NC Residential Address.): 50 Crescent St

City: Lumberton | State: NC | Zip Code: 28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X 9-7-18 Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	CALLIE	S	

Home Address (NC Residential Address.)	City	State	Zip Code
1185 N. ROBERTS AVE., APT. A3	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/1/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Tishia		

Home Address (NC Residential Address)	City	State	Zip Code
407 MLK Dr	Fairmont	NC	28340

Mailing Address (if different than home address.) | City | State | Zip Code

[redacted]

Lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Sep 04 18 X

Date Date

[redacted]

...v to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
RIPLEY	HELEN	JEAN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
293 ROZIER CHURCH RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 736-2071	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-8-18 X _____

Date Date

[redacted]

gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Mickey	Lee	

Home Address (NC Residential Address.): 2065 Eastwood Terrace

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted] ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/9/18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lawton	Lyle	M	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
515 old whiteville					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ Date

X 10-25-2018 Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	gladys	Vivian	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
690 St James circle	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7-31-18 X

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
High	HANNAH	L	[redacted]

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
304 Lombard Street	

City	State	Zip Code	City	State	Zip Code
Maxton	NC				28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online!	910 844	3345

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

ur voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Prevatte	Linda	Carol	

Home Address (NC Residential Address.): 604 Branch St.
City: Lumberton State: NC Zip Code: 28358
Lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/18/18 X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	ANNIE	MAE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
604 CHAVIS AVE	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

oter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-19-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: midterm (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Da
MERRITT	AARON	SUE		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1024 STEPHENS RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1024 Stephens Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign[redacted]

X [redacted] 10-3-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192175663 NC8W1032519 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCINNIS	JAMES	ALBERT	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
8578 FAIRLEY RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
9514 Vaiden Rd	Rowland	NC	28383

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Information Request

[redacted] County Board of Elections
[redacted]
PHONE [redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Wilbur		

Home Address (NC Residential Address.)	City	State	Zip Code
706 Holly Street	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable) _____ Date

xWILBUR PITTMAN 8/6/2018 Date

E.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Wilbur		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X _____ _____
Date Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
McArthur	Larcell		M

Home Address (NC Residential Address.)	City	State	Zip Code
1803 MLK Jr. Drive	Lumberton	N.C.	28358

Mailing Address (If different than home address.)	City	State	Zip Code
same	L'ton	N.C	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Roberson

Previous Name (If applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-258-8703	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/30/18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
munroe	susan	m	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
175 halsey st	

City	State	Zip Code	City	State	Zip Code
lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-25-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JACOBS	DON	RUSSELL	SR

Home Address (NC Residential Address.)	City	State	Zip Code
2557 ODUM RD.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2557 Odum Rd. | City: Lumberton | State: NC | Zip Code: 28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | City | State | Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-10-18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
SINCLAIR	PHYLLIS		

Home Address (NC Residential Address.)	City	State	Zip Code
1102 E 10TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000470251		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-8-18 X
Date Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 05/08/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
SINCLAIR	PHYLLIS		

Home Address (NC Residential Address.)	City	State	Zip Code
1102 E 10TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000470251		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1102 East 10th	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-3-18 X
Date

Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean	Rosaline		

Home Address (NC Residential Address.): 8787 NC Hwy 130

Mailing Address (if different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No. (if known):

Phone (optional): 910-225-0270

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X

Date

[redacted]

eck your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hunt	Leighanne			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
547 Deep Branch Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signa[redacted]	Signature of Near Relative/Guardian (if applicable)
9-4-18 Date	X Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type: Primary, General, Municipal, Special, etc.) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockleas	Marissa	Danielle	

Home Address (NC Residential Address): 408 W RailRoad St
City: Pembroke State: NC Zip Code: 28372

Mailing Address (if different than home address.)
City State Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

09-07-18 X
Date Date

...w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 2019 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	VERA	BURTON	Ms.

Home Address (NC Residential Address.)	City	State	Zip Code
1418 E. 6TH ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	28358

County of Residence	Previous Name (if applicable)
Roberson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 608-0004	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted] RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Flynn	Deana	Holland	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
232 Castle Road	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1615 S. Miramar Avenue	Indialantic	FL	32903

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: XXX-XX [redacted]

Voter Registration No.: 060600 4997611

Phone (optional): 910 774-0096

Email (optional): deannflynn@outlook.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1615 S. Miramar Ave.	Indialantic	FL	32903

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/10/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
McNeill	Christopher	Sharaad	

Home Address (NC Residential Address.): 173 Robeson Road

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code
	NC	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☑ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/20/18 (Date) X _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Craddy	Brittany	Latrice	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
211 California Dr.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/20/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

STATE OF NORTH CAROLINA
ABSENTEE BALLOT REQUEST

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Kovalenko	Anna	A	

Home Address (NC Residential Address.): 401 Lindsey Ct. #401
City: Lumberton State: N.C Zip Code: 28358
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date 11/1/18 X [signature] Date

[redacted] gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
KOVALENKO	ANNA	ALEKSEYEVNA	SR

Home Address (NC Residential Address.)	City	State	Zip Code
401 LINDSEY CT., # 401	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton		28358	(910)474-2769	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter Oct. 1, 2014 X — Date

Signature of Near Relative/Guardian (if applicable) _____ Date

ov to check your voter registration or absentee voting status.

: FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	JAMES	RAY	

Home Address (NC Residential Address.)	City	State	Zip Code
750 WEST DR.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton		

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-2-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted]BE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Little	Timothy	Edward		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
85 Berkshire dr.	

City	State	Zip Code	City	St	
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
85 Berkshire dr.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-7-18 X
Date

Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF EL

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing
PO Bo
Lumbe

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8- *Election D*

Voter Information

Last Name	First Name	Middle Name
Little	Timothy	Edward

Home Address (NC Residential Address.): 85 Berkshire dr.

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls	NC	28384

City

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicabl

If "No," indicate the date of your move: ___/___/___

You must provide at least one identification number below. (d

NC License or ID Number	SSN	[redacted] egistration No.	Phone (optional)	Email (
	X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City

State

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballo

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationshi

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ gran
☐ child ☐ grandchild ☐ stepchild ☐ mot
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spou

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: ☐ Mail
(Military/Overseas Voters Only)

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal G

4-10-18 X
Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Demery	Frankie	Dean	

Home Address (NC Residential Address.)	City	State	Zip Code
2910 Anne Street	lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

County of Residence | **Previous Name** (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Campbell Jr	Robert	Lee		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
630 W. 4th Ave	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-24-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McLaughlin	Tony	✓	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
33 Payton Dr	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/29/18 Date

Signature of Near Relative/Guardian (if applicable)

X Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	MARGARET	JACOBS	

Home Address (NC Residential Address.): 337 OLD LANDING RD.

City	State	Zip Code
MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-521-9919	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
337 Old Landing Rd.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 9-27-18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X _____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Barnhwell	Abraham	Daniel	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
716 Poplar St	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/23/18 X
Date Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hayes	Linda	C		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5295 E White Pond Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-733-2678

Email (optional): Lindahayesjach@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/20/2018 Date X _____ Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
RANSOM	LORI	A	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
305 RILEY CIR.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X 9-30-18

9-30-18
Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary, General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
ARNETTE	LINDSAY	DEBRA	

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
48 UNION SCHOOL RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-734-1527

Email (optional): dajoarnette@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
48 Union School Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192181143 NC8W1092256 CVNC

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Burns-Gaston	Yolanda		

Home Address (NC Residential Address)	City	State	Zip Code
402 E. 6th Ave.	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.) | City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/22/18 X _____
Date Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
DIAL	DOCK	PERRY	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 3842	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
Po box 3842	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

ter Registration No.: Optional

Phone (optional): (910) 374-156[illegible]

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Po box 3842	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10-4-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

[illegible] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Geralds	Iola		

Home Address (NC Residential Address.)	City	State	Zip Code
708 Hully St	Fairmont	NC	28340

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/17/18 X _____
Date Date

[redacted] gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
TAYLOR	CINDER	F	

Home Address (NC Residential Address.)	City	State	Zip Code
456 WAGON WHEEL RD.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
456 Wagon Wheel Rd	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Caldwell	Tasha		

Home Address (NC Residential Address.)	City	State	Zip Code
10684 Barker ten mile	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Opacna		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 9-6-18 Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Dat)*

Voter Information

Last Name	First Name	Middle Name	Suf
LocKlear	Barbara	K	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
746 E. Broad	St. Pauls	N.C.	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above	Same		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5.21.18 X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
LocKlear	Barbara	P	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
746 E. Broad St.	St. Pauls	N.C.	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18 X
Date Date

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Evans	Candise			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1826 Fairgrove Rd.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Cndonel

Phone (optional): 910-740-4194

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted] 9/16/18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Sanes	James	Arthur		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3759 Glenn Rd.	Pembroke	NC	28371

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-28-18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FAX: 910-671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *(Election Da)*

Voter Information

Last Name	First Name	Middle Name	Su
Ackerleg	Denzil	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
234 Apple Wood Rd	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
234 Applewood Rd St	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-21-18
Date

X
Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Ackerley	Denzil	Lee	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
234 Applewood Rd	

City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-28-18 Date X Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	CONNIE	F	

Home Address (NC Residential Address.)	City	State	Zip Code
1096 MCGOOGAN FARM RD.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1096 MCGOOGAN FARM RD	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-30-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Jessica	Ozendine	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
8306 Shannon Rd			Same		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Shannon	NC	28386	Shannon		

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 X _____
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McGirt	Denny			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
170 Locklear Rd.	

City	State	Zip Code	City	State
Pembroke	NC	28372		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	[illegible]		

	ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/28/18 Date

Signature of Near Relative/Guardian (if applicable) X [signature] Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jones	Brittany	Elayne		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
221 Benton Ct	

City	State	Zip Code	City	State
Rowland	NC	28383		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910) 774-0321	brittanyclones@yahoo.com

[redacted] ty	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current A[redacted] or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signat[redacted]	Signature of Near Relative/Guardian (if applicable)
Sep 27, 18	X
Date	Date

gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Freeman	Kristen	Kay		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
322 Mt. Tabor Rd.	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online	(910) 885-1428	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 8/24/18

Signature of Near Relative/Guardian (if applicable) X _____ Date _____

[redacted]

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	HARMON	N	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
7826 CHICKEN RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. Optional	**Phone** (optional) 910 735-1067	**Email** (optional) huntharmon2@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
AS Above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

04/04/18
Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

IF FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Britt	Megan	Ashley	

Home Address (NC Residential Address.): 93 Clovis Drive

Mailing Address (If different than home address.):

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 (Date) X (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
McGogan (Thompson)	Mary		

Home Address (NC Residential Address.)	City	State	Zip Code
2236 Chason Rd	Lumber Bridge	NC	28357

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-27-018 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Quentin	Jamele	

Home Address (NC Residential Address.)	City	State	Zip Code
1715 Nevada St.		NC.	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
000000 501724		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
204 Gillespie Street	Fayetteville	NC	28301

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10/12/18 (Date)

Signature of Near Relative/Guardian (If applicable)

X (Date)

[redacted]

...E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on 10-19-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
FOURNIER	SONIA	ENID	

Home Address (NC Residential Address.)	City	State	Zip Code
22 MOUNTAIN RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

County of Residence	Previous Name (If applicable)
Robeson	—

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-374-6970	soniafournier12@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
22 Mountain Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10/19/18 (Date)	X _____ 10/19/18 (Date)

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Monica	Lorena-Lynn	

Home Address (NC Residential Address): 1003 Iona Church Road
City: Rowland State: NC Zip Code: 28383
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

4-7-18
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Rice	Ricky	Wade	

Home Address (NC Residential Address): 163 Bobs Ln
City: Pembroke State: NC Zip Code: 28372
[redacted] ☑ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Voter: 9.6.18 Date: [redacted]
Signature of Near Relative/Guardian (if applicable): X [redacted] Date

...w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Sandra	Gail	

Home Address (NC Residential Address.): 736 Roberts Ave
City: Pembroke State: NC Zip Code: 28372

Mailing Address (if different than home address.)
City: Pembroke State: NC Zip Code: 28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: [redacted]
Previous Name (if applicable)

Voter Registration No.: Optional
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted]-9-6-18
(Date)

check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCCall	DeMario	B	

Home Address (NC Residential Address.): 244 Anease Drive

City	State	Zip Code
Fairmont	NC	28340

Mailing Address (If different than home address.)

City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-785-0888

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Wine	Jessica		

Home Address (NC Residential Address.)	City	State	Zip Code
117 Charles Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
214 East Florida St. Apt C	Clinton	SC	28325

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Elaine L. Evans

☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
167 Sherwood Road	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X Elaine L Evans Date 04-12-18

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
Smith	Gerry	Dale	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
7760 Hwy 72 west	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 3216	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 3216	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/18/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McKoy	Aquala	Nichelle	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
304 East Peach St.	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 502	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 740 1786	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/27/18 X 8/27/2018
Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Hill	Tiffany	Ann	MS

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
517 E 9th St.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			
Have you lived at this address for more than 30 days? ☐ Yes ☐ No			**County of Residence** / **Previous Name** (If applicable)		

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	(910) 706-1415	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18 (Date) X (Date)

[redacted].gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8 2018. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hill	Tiffany		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
517 E. 9th St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
517 E. 9th St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

4/4/18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mc Crae	Shiquita	La'Shane		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
102 Benton Court	Bowland	NC	28383

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Original		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-28-18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form - North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Singletary	Ray field	N/A	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
406 W. 31st Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

7/30/18 (Date) X _____ (Date)

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-20[redacted]
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
INMAN	WILLIAM	CICERO	

Home Address (NC Residential Address.)	City	State	Zip Code
3296 MARTIN RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

[redacted]

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information



Mr. William C. Inman
3296 Martin Rd
Lumberton, NC 28358-7567

Absentee Mailing Address (Where should the ballot be m:

State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-28-18 X
Date Date

o check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockhear	Douglas	James	

Home Address (NC Residential Address): 400 MLK Dr. Apt. 314
City: Lumberton State: NC Zip Code: 28358
Mailing Address (if different than home address:)
City State Zip Code
[redacted] Yes ☐ No
County of Residence Previous Name (if applicable)
Voter Registration No. Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] X _____
Date Date

[redacted]

ww.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ladson	Alonzo		

Home Address (NC Residential Address.): 400 E White Pond Rd Apt A2

Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 800 E White Pond Rd Apt A2

City	State	Zip Code
Fairmont	NC.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/10/18 X _____
Date Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Peguise	Adia	Iman	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
103 Minnesota Ct	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
			28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Rob	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-20-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Williams	Oscar	K	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2214 Ballance Farm Rd.	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2214 Ballance Farm Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 (Date) X ___ (Date)

v to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor	William		

Home Address (NC Residential Address): 67 Glory Light Rd.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)
Phone (optional): 910-740-1408
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 (Date) X (Date)

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
ROBERTSON	PAULETTE	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 275	

City	State	Zip Code	City	State	Zip Code
PROCTORVILLE	NC	28375			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 275	Proctorville	NC	28375

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-1-18 (Date) X (Signature of Near Relative/Guardian (if applicable)) (Date)

ww.NCSBE.gov to check your voter registration or absentee voting status.

VERSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	Lita	NMN	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2609 Roger's St.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-12-18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
McGee	Markeith		

Home Address (NC Residential Address.): 409 Meadowwoods Circle

Mailing Address (if different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-416-1471	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S[redacted]
Robinson	Lorenza		

Home Address (NC Residential Address.)	City	State	Zip Code
117 Pine Hill Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
117 Pine Hill Rd.	St. Pauls,	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Lorenza (First) Robinson (Last)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
117 Pine Hill Rd.			
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**
St. Pauls,	N.C.	28384	

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-26-18X
Date

Date

e ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BLUE	SHARON	Louise ~~LOCKLEAR~~	

Home Address (NC Residential Address.)	City	State	Zip Code
86 SANDRA LN.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
86 Sandra LN	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	Sharon Locklear

oter Registration No.	Phone (optional)	Email (optional)
Optional	910 668 1184	Sharonblue99@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
86 Sandra LN	ROWLAND	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Bobbie	Jo	

Home Address (NC Residential Address.): 1777 Marion Stage Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

Voter Registration No. Optional

Phone (optional)

Email (optional)

[redacted]

BH

Absentee Mailing Address (Where should the ballot be mailed?): ~~[redacted]~~ 1777 Marion Stage Rd

City: Fairmont **State:** NC **Zip Code:** 28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8-16-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted]
[redacted] 2153 [redacted]
absentee@mecklenburg[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Valerie	A	

Home Address (NC Residential Address.): 461 Bee Gee Rd

Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lu		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BRADDY	SARAH	THOMPSON	

Home Address (NC Residential Address.)	City	State	Zip Code
104 CRANBERRY LN.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]

v to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Crowdine	Larry	N/A	

Home Address (NC Residential Address.)
2609 Evergreen Road Church

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
(optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-23-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

1793 of 2821

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089

robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Mid-Term General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/7/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Burleson	RANDALL	LANCE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4467 Regan Church Road	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address	City	State	Zip Code
4467 Regan Church Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	Relationship to the voter
William R. Burleson	☐ spouse ☐ brother/sister ☒ parent ☐ grandparent ☐ stepparent ☑ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
4467 Regan Church Road			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-738-4149	burl123@bellsouth.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

x William Randall Burleson 10/27/18

Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Conely	Shirley		

Home Address (NC Residential Address.)	City	State	Zip Code
77 Middle Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
		NC	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
77 Middle Street	Red Springs	NC	

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date ____ X ____ Date ____

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAYWOOD	CARLTON	THOMAS	JR

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
960 MATTHEWS BLUFF RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	JR 10/4/19 X
	Date

[redacted] o check your voter registration or absentee voting status.

[redacted] E FOR ADDITIONAL INFORMATION

331

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JACKSON	RONALD	LARRY	M

Home Address (NC Residential Address.)	City	State	Zip Code
797 E. BROAD ST.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: [redacted]

Previous Name (if applicable):

[redacted]ter Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-22-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jenkins	Ebony	Denise	

Home Address (NC Residential Address.): 921 Happy Hill Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/16/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Wardell		

Home Address (NC Residential Address.): 2001 Baltimore Church Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: [redacted]

Phone (optional): 910-316-4448

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/4/18 X

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Okendine	Arnold	Ray	

Home Address (NC Residential Address.): 5795 Old Stage Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-628-6143	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Fritz	Terry	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
10 Sports Ct.	LumberBridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
10 Sports Ct	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-6-18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

V2018.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Elizabeth	Martin	[redacted]

Home Address (NC Residential Address.): 124 Danbury DR.

Mailing Address (If different than home address.):

City	State	Zip Code
Saint Paul	NC	28384

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-5-2018X
Date

Date

[redacted] to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Locklear	Tracie	Layne	

Home Address (NC Residential Address.)	City	State	Zip Code
209 S. 2nd St	St. Pauls	NC	28384

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
209 S. 2nd St	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/25/18 X

Date Date

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Worley	George		

Home Address (NC Residential Address.)	City	State	Zip Code
366 Foxville Dr.	Orum	NC	28369

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 253	Proctorville	NC	28375

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/5/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MATT	JOHN	MITCHELL	JR

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
144 ACADIANA DR.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PARKTON	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
144 ACADIANA Dr.	PARKTON	N.C.	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10/8/2018	X
Date	Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Reaves	Deshawn		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2858 Centerville Church Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone	910-[illegible]0261	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-5-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Stephens	HyKeem			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
205 Stephens Street	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-374-3143	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9/6/18 Date	X ___ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
JOHNSON	TERRY		

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
PO BOX 588	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000474924		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	LINDA	G	

Home Address (NC Residential Address.)	City	State	Zip Code
1546 MARY C RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
	910-751-2104

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1546 Mary C Rd.	St. Pauls	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

9-27-18 X

Date Date

[redacted] to check your voter registration or absentee voting status.

[redacted] ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	CHARLES	RAY	

Home Address (NC Residential Address.)	City	State	Zip Code
1096 MCGOOGAN FARM RD.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1096 McGOOGAN . RD	SHANNON	N.C	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9-30-18X Date

Signature of Near Relative/Guardian (if applicable) _____ Date

[redacted]

o check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
ALFORD	LAURA		

Home Address (NC Residential Address.)	City	State	Zip Code
407 STRAIGHTWAY DR.	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-584-5500	laura.alford.90@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/2/2018 (Date) X _____ 10/2/2018 (Date)

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	KATTIE	MARIE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
447 SQUARE LN.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
SHANNON	NC	28386		~~NC~~	~~28386~~

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Yes Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
447 Square Lane	Shannon	nc	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name				Relationship
Tony (First)	Lynn (Middle)	Hammonds (Last)	(Suffix)	☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
447 Square Lane				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Shannon	NC	28383		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9-27-18 X _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
CAIN	CHRYSTAL	MYLISSA ANN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
705 ST JOHN CIR	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000506157		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-21-18 Date — X — Date

BE.gov to check your voter registration or absentee voting status.

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USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CAIN	CHRYSTAL	MYLISSA ANN	

Home Address (NC Residential Address.)	City	State	Zip Code
705 SAINT JOHNS CIR.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-734-8113	shyg14@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
705 Saint Johns Cir.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-28-18 (Date) X _____ (Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
CHACON	LINDA	CARROL		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
62 Conatser Dr.	PARKTON	N.C	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Cumberland	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(910) 736-3252	

Previous Mailing Address (if ballot should be mailed.)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-28-2018 Date	X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor Cummings	Kayla	C	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3820 Harpers Ferry Road	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/15/18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Galbreath	Antronett	Yvette	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
193 Calcasieu DR.	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]		

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 301-9911	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/27/18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Da)*

Voter Information

Last Name	First Name	Middle Name	Su
Lowery	Casey	Kay	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
91 Ribbon Drive	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
91 Ribbon Drive	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
91 Ribbon Drive	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-11-18 X
Date Date

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
McDaniel	Ronald	P	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
208 S Patterson	Maxton	N.C	28364

Mailing Address (If different than home address.)	City	State	Zip Code
208 S Patterson St	Maxton	N.C	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (If applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-277-4861

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 8-23-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X Ronald McDaniel 8-23-18 (Date)

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
[redacted]Charlotte, NC 28231
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: general (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Lawton		

Home Address (NC Residential Address.): 1627 Covington Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)
	910-671 6847	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-09-18 (Date) X _____ (Date)

.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 1820 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
CALHOUN	GARY	LEE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
437 Hendrix Dr					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 Hendrix Drive	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
CalHoun	GARY	LEE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
437 HENDRYX DRIVE	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 HENDRYX DRIVE	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
KING	ARTHUR		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1507 LAKEVIEW RD	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000476006	910-535-4010	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
* 1507 Lakeview Rd.	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Carol W. King

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
* 1507 Lakeview Rd.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Fairmont	NC	28340	910-535-4010	carolwk123@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X Carol W. King
Date 10/23/18
Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Thompson	Katie	Lee		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
6117 Hwy 710	

City	State	Zip Code	City	State
Rowland	NC	28383		2

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/27/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

[redacted] .gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Dunham	Erica	Shantal	

Home Address (NC Residential Address.): 725 North 5th Street Apt 2B

Mailing Address (if different than home address.)

City	State	Zip Code
St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/16/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Dunham	Thaline	S	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
1151 Britt Road					
City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384	St. Pauls	NC	28384

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	Phone (optional)	Email (optional)
(optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X (Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: 2018 General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
DRAN	SANDRA	ANNE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
309 LONDONDERRY DR.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted] ter Registration No. Optional | Phone (optional) | Email (optional): sdran9NC.rr.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
309 Londonderry Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] BE.gov to check your voter registration or absentee voting status.

[redacted] SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6th (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Da
DUDNEY	BRICE	—	—	5

Home Address (NC Residential Address.)	City	State	Zip Code
144 RUDOLPH RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.) — City — State — Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable): —

[redacted]

er Registration No.: Optional

Phone (optional): —

Email (optional): —

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
144 Rudolph Rd	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-23-2018 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date) 10-23

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November [redacted] (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Da[redacted]
DUDNEY	CATHY	BLACKBURN		1[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
144 RUDOLPH RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
[redacted]beson		
[redacted] Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
144-Rudolph Rd.	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter

[redacted]0-23-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

[redacted]E FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
SUGGS	RENDA		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1382 Pleasant Meadow Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

[redacted]

to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6- 18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	LINDA	FAYE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1812 MCMILLAN RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)	
Robeson		
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1812 McMillan Rd.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

	Signature of Near Relative/Guardian (if applicable)
9-29-18 Date	X Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
EDWARDS	RAYMOND	Warren	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
14477 NC130 HWY W	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000476507		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1265 Fremont Park Ave.	Orlando	FL	32805

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-11-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McKenzie	Cynthia	Denise	

Home Address (NC Residential Address.)	City	State	Zip Code
221 Berkshire Dr.	Saint Paul	NC	28384

Mailing Address (if different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

ter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
221 Berkshire Dr	Saint Paul	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/6/18 Date X Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Shawnee	Ellyn	

Home Address (NC Residential Address.): 3017 Russ Rd.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX-X[redacted]	Optional	9103010805	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/23/18 *(Date)* X _____ *(Date)*

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Alba Brooks	Adriana		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
98 Register Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St Pauls	NC	28384			

[redacted]

...ty of Residence	Previous Name (If applicable)	
...r Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Sig... [redacted]

Signature of Near Relative/Legal Guardian (If applicable)

Date		Date
25/18	X	

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pitt	Viola	L	

Home Address (NC Residential Address.)	City	State	Zip Code
264 Angie Dr	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: NC

Previous Name (if applicable):

[redacted]

Voter Registration No.: Orange

Phone (optional): 910-848-5042

Email (optional):

[redacted]

Absentee Mailing Address (where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Date: 9-6-18

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

Exhibit 42322

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Sinclair	Rufus	Torrell		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	Stat

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Address Where Ballot Should Be Mailed	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]	Signature of Near Relative/Legal Guardian (if applicable)
X [redacted] 5-1-18 (Date)	X (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suff
Sinclair	Rufus	Terrell	

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 6-26-2018 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Sharon		

Home Address (NC Residential Address.)	City	State	Zip Code
137 Berkshire Dr	St Pauls	NC	28384

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number: [redacted]

SSN: X X X - X X - [ ][ ][ ][ ]

Voter Registration No. Optional:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
137 Berkshire Dr.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-7-2018 X
Date

Date

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Sharon		

Home Address (NC Residential Address): 137 Berkshire Dr
City: St Pauls | State: NC | Zip Code: 28384
Have you lived at this address for more than 30 days? ☑ Yes ☐ No
If "No," indicate the date of your move: __/__/__
County of Residence: Robeson
Previous Name (if applicable):
You must provide at least one identification number below. (or see instructions)
SSN: XXX - XX - [redacted]
Voter Registration No. (if known):
Phone (optional):
Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/7/2018 (Date) X _____ (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 06, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WILLIAMSON	SKYLER	GREY	

Home Address (NC Residential Address)	City	State	Zip Code
~~PO BOX 749~~ 78 Fairgrove Rd	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 782	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 243 782	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
9/28/2018 X	
Date	Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAMMER	HELEN	L	

Home Address (NC Residential Address.)	City	State	Zip Code
123 TRACTOR LN.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
123 Tractor Lane	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
~~CUMMINGS~~ Oxendine (Last Name Changed)	PAULINE	~~O~~	

Home Address (NC Residential Address.)	City	State	Zip Code
187 LAMBSHIRE DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same Address			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-28-18 X _____
Date Date

to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Moore	Sandra			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1487 Locklear Rd.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/28/18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suf
Durden Jr	Robert	Lee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
147 Durden drive	St. Pauls	N.C	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same As above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-14-18	X	
Date		Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CARINO	ERIC		

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 507	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
EGEJURU	ADA	UGOCHI	

Home Address (NC Residential Address.)	City	State	Zip Code
12401 FIELDMIST DR.	RALEIGH	NC	27614

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
WAKE	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
12401 Fieldmist DRIVE	Raleigh	NC	27614

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signa[redacted]r only)

10/22/2018 (Date) X

Signature of Near Relative/Guardian (if applicable)

(Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Dat)*

Voter Information

Last Name	First Name	Middle Name	Suf
Wilson	Debbie	Joy	

Home Address (NC Residential Address.)	City	State	Zip Code
409 Lafayette St	ST Pauls	N.C.	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
409 Lafayette St	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-24-18 X
Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
COOPER	RUBY	MILLER	

Home Address (NC Residential Address.)	City	State	Zip Code
2500 N. ROBERTS AVE.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-733-3905	cjoey@bellsouth.net

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2500 North Roberts Ave.	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	09/05/2018	X	

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
GLOVER	JAMES	ALBERT	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1131 BRITT RD.					
City	State	Zip Code	City	State	Zip Code
ST. PAULS	N.C.	28384			

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	
Voter Registration No.	Phone (optional) / Email (optional)
[redacted]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

9-10-2018 X
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	James	B.	

Home Address (NC Residential Address.): 10634 Barker Ten Mile Rd
City: St Pauls | State: NC | Zip Code: 28384

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional): 273-6340 | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-6-18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Williams	LEO	Cordarg		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2994 Bolton Rd	

City	State	Zip Code	City	State
Parkton	NC	28371		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Oregon		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-27-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
[redacted]
Charlotte, NC 28231
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 6 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Logan	Barbara	A.	

Home Address (NC Residential Address.): 2301 North St
City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCNair	Consetta		

Home Address (NC Residential Address.)	City	State	Zip Code
128 Haywood St	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State	Zip Code
[redacted]	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature	Signature of Near Relative/Guardian (if applicable)
[redacted] 10/23/18 Date	X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	S
Blackwell	Vicki	Ann	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
249 Edgecrove Cir.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX - X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
249 Edgecrove Cir.	St. Pauls	NC.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Douglas	Michelle	almos	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
777A Roberts Ave	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/29/2018 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suff
Leach	Shatonya	Joanette	

Home Address (NC Residential Address.)	City	State	Zip Code
316 West Fourth Ave	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
126 East Eighth Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
CHANG	WALLACE	Y	M

Home Address (NC Residential Address.)	City	State	Zip Code
209 Waterford Circle	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
same			

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable): —

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-738-7245

Email (optional): MCB1115C AOL.com

Absentee Mailing Address (Where should the ballot be mailed?): 209 Waterford Circle

City: Lumberton State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [redacted] ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Merle (First) C (Middle) Chang (Last) MRS (Suffix)

☑ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 209 Waterford Circle

Name of Corporation (If appointed legal guardian):

City: Lumberton State: NC Zip Code: 28358

Requestor's Phone: 910-738-7245

Requestor's Email: MCB1115C AOL.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) [redacted] 10/14/18 Date

Signature of Near Relative/Guardian (if applicable) X Merle C. Chang 10/14/18 Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bryant	Shakeem	Lamont		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
109 Barker St Apt K	

City	State	Zip Code	City	State
Pembroke	NC	28372	PC	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Oregon		

Absentee Mailing Address (where the ballot is to be mailed)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10/3/18 Date	X Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Amanda	Lee	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
6485 Wire Grass Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Orrum	NC	28369			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]	oter Registration No.	Phone (optional)	Email (optional)
	Ondone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 9-4-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAHAM	JAMES	TILMER	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 487	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☑ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter

9/23/18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	Debra		

Home Address (NC Residential Address.): 637 Quail Run Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
			910-241-9230	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Aug 30, 2018 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Ethan	Tyler	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
817 Chavis Rd.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-28-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCCABE	ROZIER	DALE	

Home Address (NC Residential Address.)	City	State	Zip Code
2304 E. ELIZABETHTOWN RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9-27-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mitchell	Demond	Che		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
311 park St.	5

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (See instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 738-4917	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 06-24-2018 Date	X _____ Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
ALSTON	KENNETH	WARREN WALKER NOT	JR

Home Address (NC Residential Address.)	City	State	Zip Code
303 W. ELM ST.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

~~If "Yes," what is the name and address of the hospital or facility:~~

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Bristow	Tanisha		

Home Address (NC Residential Address): 407 B Meadowwood Circle

City: Fairmont | State: NC | Zip Code: 28340

Mailing Address (if different than home address.)

City | State | Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. [redacted]

Phone (optional): 910-544-6265

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-2018 (Date) X (Date)

[redacted]

www.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Locklear	Courtney			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
606 S Austin St Lot 11	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 152	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-824-6672	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/24/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special,)* on 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Nelson	Junior	Sr

Home Address (NC Residential Address.)	City	State	Zip Code
7332 Raynham Road	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted] ation number below. (or see instructions)
SSN
X X X - X X - [ ][ ][ ][ ]

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign[redacted] 7/30/18
Date

Signature of Near Relative/ Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Baddy	Brutus	Antronne	

Home Address (NC Residential Address.)	City	State	Zip Code
140 Bethesda Church Rd.	Fairmont	N.C.	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Opdone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

08-17-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Melvin	Bobby	J	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2720 Reganchurch Rd.	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]nature of Near Relative/ Guardian (If applicable)

Date 8-28-18 Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Acevedo	Carmen		

Home Address (NC Residential Address)	City	State	Zip Code
1169 Gaddy Rd.	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-6-18 X
Date Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Townsend	Geoffrey	Maurice	

Home Address (NC Residential Address.)	City	State	Zip Code
10 Woodline Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robco	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/25/19 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Mena	Allison	B	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
283 Brisson Sand Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
283 Brisson Sand Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/28/18 X
Date Date

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lyde	Timothy		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
855 Dean Rd	St. Pauls	NC	

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted] You must provide at least one identification number below. (or see instructions)

SSN: X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

9-23-18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Brewington	Peggy	Ann	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2912 Hedge DR.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2912 Hedge DR	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

4-10-18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 1676 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Norris	Michael			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4407 Daniel McLeod Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4407 Daniel McLeod Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name					
	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian		

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 5-1-18

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

[redacted] ur voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Norris	Michael		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
4407 Daniel McLeod Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC				

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4407 Daniel McLeod Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

1

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6th 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Tay	Karmen		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1305 Pecan ST					
City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law	
Requestor's Address	Name of Corporation (If appointed legal guardian)	
City / State / Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-19-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	TARA	GENENE	

Home Address (NC Residential Address.)	City	State	Zip Code
118 KATIE BUIE RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
118 Katie Buie Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name *(First) (Middle) (Last) (Suffix)*

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

10/24/18 *Date*

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
Patterson	Awilda	C	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
234 E. 5th Ave	SAME

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	9108134338	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)	
8/22/18 (Date)	X (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BARNWELL	DAVID	L	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
170 GARDENIAS DR.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

10/1/18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on Nov 20, 18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	TONY		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3670 MOSS NECK RD.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6th (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Tray	James	Ira	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1305 Patton St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-9-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
PURCELL	SALLIE	MAE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1413 SNIPES RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
RED SPRINGS	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1413 SNIPES RD	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Sallie (First) Mae (Middle) Purcell (Last) M (Suffix)

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
1413 SNIPES RD.				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Red Springs	NC	28377	910-227-2125	JamesPurcell806@Gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LESANE	TRAVEGA		

Home Address (NC Residential Address.)	City	State	Zip Code
1485 BEE GEE RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
568 Greensville Rd.	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-22-9627	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
568 Greensville Rd	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/2/18 (Date) X _____ (Signature of Near Relative/Guardian (if applicable)) _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
Parks	Bennie	Claude	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2863 Butter Rd.	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Online

Phone (optional): 910-422-3856

Email (optional):

Where should the ballot be mailed?	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 09/04/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRITT	DANNIE		

Home Address (NC Residential Address.)	City	State	Zip Code
1187 N. ROBERTS AVE., # APT-03	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1187 N. Roberts AVE # apt 03		N.C.	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	Dannie Britt

Voter Registration No.	Phone (optional)	Email (optional)
Optional	919-232-1263	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Sig** f applicable)

9-29-18 X — Date

9-29-18 — Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Barnes	Melissa		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2202 Musselwhite Cir					
City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Burden	Bend	J	

Home Address (NC Residential Address.): 208 N Ffish St

Mailing Address (If different than home address.):

City	State	Zip Code
	NC	28364

City	State	Zip Code
Maxton	NC	28364-4334

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. Or Done

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/23/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	NANCY	WORRIAX	

Home Address (NC Residential Address.)	City	State	Zip Code
251 SQUARE LN.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.): 251 Square Lane

City	State	Zip Code
Shannon	N.C	28386

County of Residence:

Previous Name (If applicable): Locklear

Voter Registration No.: Optional

Phone (optional): 910-922-2628

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (vot[illegible]

Signature of Near Relative/Guardian (if applicable)
X francesw Date 9-27-18

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
WORRIAX	NANCY		

Home Address (NC Residential Address.)	City	State	Zip Code
251 SQUARE LN.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
25 Square Lane	Shannon	NC	28386

County of Residence	Previous Name (if applicable)
	nancy worriax

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-922	2682

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☒ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-27-18 X francesw 9-27-18
Date Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Lowery	Danny	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
90 Toot-Toot Street	

City	State	Zip Code	City	State	Zip Code
Saint Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
90 Toot-Toot Street	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-13-18 *(Date)* X *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McMillan	Freddie	Arnet	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1218 Britt rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC	28384			

[redacted] for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Loretta		

Home Address (NC Residential Address): 502 McDaniel Street

Mailing Address (if different than home address):

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No. [redacted]

Phone (optional): 910-610-8475

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 9-10-18 (Date) Signature of Near Relative/Guardian (if applicable) X (Date)

...NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 10-8-2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAYES	JOSEPH	LEE	MR

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
5295 E. WHITE POND RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)		
Voter Registration No.	**Phone (optional)**	**Email (optional)**	
Optional	910-280-2245	Lindahayesjack@gmail.com	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5295 White Pond RD	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10-8-18 Date	X _____ Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su[redacted]
DURANT	DINA	VEDELL	

Home Address (NC Residential Address.)	City	State	Zip Code
121 DAYTON ~~RD~~ DRIVE	FAIRMONT	NC	28340

Mailing Address (if different than home address.)	City	State	Zip Code
N/A	—	—	—

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	—

Voter Registration No.	Phone (optional)	Email (optional)
000000481053	910-706-1174	wildcatinthewoods@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
121 DAYTON DRIVE	FAIRMONT	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: N/A

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: N/A
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
—	—

City	State	Zip Code	Requestor's Phone	Requestor's Email
—	—	—	—	—

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: N/A

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
—	Fax Number or Email Address: —

Sig[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X — Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bain	Minnie	Louise	

Home Address (NC Residential Address.)	City	State	Zip Code
1174 Britt Road	St. Pauls	NC	28384

Mailing Address (if different than home address.): same

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 (Date) X (Date)

...w.NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Hunt	Timothy		

Home Address (NC Residential Address.)	City	State	Zip Code
296 Fernwood Circle	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
296 fernwood Circ	Lumberton	NC	28360

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 X _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Kersey	Gerald	Wayne	

Home Address (NC Residential Address.)	City	State	Zip Code
2227 Ballance Farm Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Legal Guardian (if applicable)	Date
X [redacted]	6-6-18	X	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF E

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing
PO Bo
Lumb

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name	First Name	Middle Name
Hersey	Gerald	Wayne

Home Address (NC Residential Address.): 2227 Ballance Farm Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Saint Pauls	NC	28384

City

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicabl

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City

State

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grand
☐ child ☐ grandchild ☐ stepchild ☐ moth
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spous

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: ☐ Mail
(Military/Overseas Voters Only)

Fax Number or Email Address

Signature of Voter

X [redacted] 4-12-18 X
Date

Signature of Near Relative/Legal G

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
RICH	FRANCES	POMSEL	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
17 TRINITY DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
—	—	—	—

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	—

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910 674-4340	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
17 TRINITY DR	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Douglas H. Rich

☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
17 TRINITY DR	—

City	State	Zip Code	Requestor's Phone	Requestor's Email
LUMBERTON	NC	28358	910-674-4340	drougrich@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X Douglas H. Rich 3/8/2018 Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
RICH	FRANCES	ROMSEL	MRS	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
17 TRINITY DR.	—

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358	—	—	—

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	—

You must provide at least one identification number below. (or see instructions).

[redacted] SSN XXX-XX-[ ][ ][ ][ ]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	910 674-4340	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
17 TRINITY DR	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Douglas H. Rich

☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
17 TRINITY DR	—

City	State	Zip Code	Requestor's Phone	Requestor's Email
LUMBERTON	NC	28358	910-674-4340	drogrich@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

[redacted] or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Douglas H. Rich 3/8/2018
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BLEDSOLE	CHARLES	MARSHAL	

Home Address (NC Residential Address.)	City	State	Zip Code
712 UNION SCHOOL RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-3-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____
Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
RICH	DOUGLAS	HARLAN	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
17 TRINITY DR	—

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358	—	—	—

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	—

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
	910 674-4340	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
17 TRINITY DR	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

3/8/2018 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Reed	Roselyn		

Home Address (NC Residential Address.)	City	State	Zip Code
2927 Hedge DR.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

4-30-18 (Date) X

Signature of Near Relative/Guardian (if applicable) (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HODGES	DENNIS	EUGENE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
396 LEDFORD RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
MAXTON	NC	28364	Maxton	N.C.	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]		X	

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	KaNicha	LaShay	

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
110 front street			110 front street		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
lumberton	NC	28358	lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	(910) 536-1924	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/02/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
HARTS	JEFFERY	RORY		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
725 HENRY HAMMOND Rd	

City	State	Zip Code	City	State
LUMBERTON	NC	28360		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

[redacted]

City	State	Zip Code
725 HENRY HAMMOND Rd	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: ALBERT J. HARTS

☐ spouse ☐ brother/sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
725 HENRY HAMMOND Rd	

City	State	Zip Code	Requestor's Phone	Requestor's Email
LUMBERTON	NC	28360	910 738 9105	bettjeff@BELLSOUTH.NET

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____

X _____ Date 10 17 2018

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	AVERY		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 934	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. box 934	Maxton	N.C.	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ 9-29-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Tyndall	Serena	Renee	

Home Address (NC Residential Address.): 307 W. 19th St.

Mailing Address (if different than home address.):

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

City	State	Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 X
Date Date

[redacted]

...y to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

1911 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Hicks	Melvin		

Home Address (NC Residential Address.)	City	State	Zip Code
901 Happy Hill Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 9/6/18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GRAHAM	ANASTASIA	ZENETTA	

Home Address (NC Residential Address.)	City	State	Zip Code
619 MCPHAIL RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

10-11-2018 X Lynda M Baker 10-11-18
Date Date

...SBE.gov to check your voter registration or absentee voting status.

...RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	D
BURKE	MARILYN	OPELL		

Home Address (NC Residential Address.)	City	State	Zip Code
580 FOWLER RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
N/A			

County of Residence	Previous Name (If applicable)
Robeson	N/A

er Registration No.	Phone (optional)	Email (optional)
Optional	(910) 734-8815	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
580 Fowler Road	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-9-18 *Date*

Signature of Near Relative/Guardian (if applicable) X *Date*

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Bvie	Tenita		

Home Address (NC Residential Address.)	City	State	Zip Code
4 Robinwood Apt 4A	Red Springs	N	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/29/2018 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** 7th gread *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
COFFEY	DIANE	LYNN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
536 EDWARDS CIR.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
536 Edward cir	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/5/18 Date

Signature of Near Relative/Guardian (if applicable) X Debra 10/5/18 Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 1916 of 2821

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McKinney	Julian	K.		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
204 Cain Rd	[redacted]

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or [illegible])

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

X 6/13/18 Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11/6/18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pone	Jerry		

Home Address (NC Residential Address.): 305 Kinlaw St

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current A[redacted] or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18 Date X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ketchmore	Warren	C	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
103 McKenzie St	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 McKenzie St	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/18/18 X
Date Date

[redacted] to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
RHODES	KITTY	WATTS	

Home Address (NC Residential Address.): 685 N. WILKINSON DR.
City: SAINT PAULS | State: NC | Zip Code: 28384

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: __/__/____

County of Residence: ROBESON

Previous Name (if applicable)

[redacted] cation number below. (or see instructions)
SSN: XXX - XX - [redacted]

Voter Registration No.: 48192[redacted]

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 685 N WILKINSON DR.
City: SAINT PAULS | State: NC | Zip Code: 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
City | State | Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sign [redacted]
X
Date

Signature of Near Relative/Guardian (if applicable)
10/03/2018 X
Date

v to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192171110 NC8W1095910 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
THOMPSON	BESSIE	ANN	

Home Address (NC Residential Address.)	City	State	Zip Code
1050 LINKHAW RD., APT. 2F	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	Bessie

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-[illegible]4744947	[illegible]@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1050 Linkhaw Rd Apt 2F	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) [illegible] 10-1-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

[illegible]ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Barker III	Joseph	Bedward	III

Home Address (NC Residential Address.)	City	State	Zip Code
305 N Patterson St	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 1434	Laurinburg	NC	28353

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: __/__/__

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional): 9103904102

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?): PO Box 1434

City: Laurinburg State: NC Zip Code: 28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

23Aug2018 X

Date Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor	Jeavri	DeJean	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
109 Benton Court	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): (910) 536-6910

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X 8-28-18

Date

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Locklear	Roscvelt		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 06 2018. (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BELLAMY	KENNETH	LEE	

Home Address (NC Residential Address)	City	State	Zip Code
1924 BRIA RD.	ST. PAULS	NC	28384

Mailing Address (if different than home address.): SAME

City	State	Zip Code
N/A	N/A	N/A

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
(blank)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Name Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

SEPT. 2018 (Date)

Date

...gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
MUSSELWHITE	JAMES	C	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 574	PARKTON	NC	28371

Mailing Address (If different than home address.) — City — State — Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted] oter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
859 Mabe Rd.	Parkton	N.C.	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address — Name of Corporation (If appointed legal guardian)

City — State — Zip Code — Requestor's Phone — Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-3-18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted] SBE.gov to check your voter registration or absentee voting status.

[redacted] RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailin
PO B
Lumb

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GE

I am requesting an absentee ballot for the: _____ on 5-8
Election Type (Primary, General, Municipal, Special, etc.) *Electio*

Voter Information

Last Name	First Name	Middle Name
Hasikins	Savanna	Marie

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
170 Children road	

City	State	Zip Code	City
Red Spring	NC	28377	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applica

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ball

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationshi

Requestor's Name ☐ spouse ☐ brother /sister ☐ parent ☐ gra
☐ child ☐ grandchild ☐ stepchild ☐ mo
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spou

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal G

3-11-18 X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Spearman	David	Lee	

Home Address (NC Residential Address.): 2248 Chason Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumber Bridge	NC	28357

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

City:

County of Residence: Robeson

Previous Name (if app

Voter Registration No.: Optional

Phone (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

09-27-18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Patterson	Tashita	Andrelle	

Home Address (NC Residential Address.)	City	State	Zip Code
204 McManus Street	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
204 McManus Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/13/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Gavin	Niyah	S	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2301 Rogers Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	9104741419	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/16/18 (Date) X Niyah S Gavin (Date)

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
KIT	Teresa			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
803 Pittman St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No TK

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

Voter Registration No.: Options

Phone (optional): 910-733-2131

Email (optional):

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 11-4-18	X
Date	Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Goins	Jessica	Mctayden	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
78 Annette Drive	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: XXX - X[redacted]

Voter Registration No. Optional:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
78 Annette Drive	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/17/18 (Date) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McKoy	Tekila	Shaquette	

Home Address (NC Residential Address): 1482 Britt Rd

Mailing Address (if different than home address.):

City	State	Zip Code
St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Bob

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional): 910-416-4496

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-7-18 X

Date Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
FLOYD	RANDOLPH		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2150 ELIJAH RD.					
City	State	Zip Code	City	State	Zip Code
ORRUM	NC	28369			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-27-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]

...E.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33313201463 NC8W1054378 IVNC

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Davis, Jr	Stanley	(Wm N)		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
123 Ayer's R.D.	

City	State	Zip Code	City	State
Rowland	NC	28383		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9-4-2018	X	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Johnson	Joshua	Dennis	

Home Address (NC Residential Address.)	City	State	Zip Code
2004 hayswood ave	Lumberton	NC	28359

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. BOX 328	Lumberton	NC	28359

[redacted] ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-536-1925	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10/21/2018 **Signature of Near Relative/Guardian (if applicable)**

X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
CAMPBELL	TRAVIS	L.		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
603 E. MLK DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State
	MAXTON	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.: Unknown

Phone (optional): (910) 736-6028

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 08/24/2018 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
L.J Hunt	L.J	Hunt	[redacted]

Home Address (NC Residential Address.): 1117 N Chicken Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Dembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

If "No," indicate the date of your move: / /

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1117 N Chicken Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-17-2018X
Date

Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Freeman	Victoria		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
432 Deer Stand Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
On done		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/29/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
WORIAX	SANDRA	HUNT	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 407	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)
X Brian K. Worick _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312699909 NC8W1081679 IVNC

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Dean	Teresa	Diane	[redacted]

Home Address (NC Residential Address)	City	State	Zip Code
517 E 17th St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	9109640678	tddean@aol.com

Absentee Voting Instructions

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/10/18 (Date) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Stewart	Barbara	E.	

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
255 Grantham Loop Road					
City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Online		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Sig[redacted]ure of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** 3-26-91 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BULLARD	LEONARD	T	JR

Home Address (NC Residential Address.)	City	State	Zip Code
731 FAITH RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
731 Faith RD	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-17-19 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313198244 NC8W1059682 IVNC

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
lowery	Anna	Malina		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
170 lonnie farm Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Online		

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/28/18 (Date)	X _____ (Date)

gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Wright	David	Earl	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
710 Madison	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Su
POWERS	RAVEN	NAIKKIM	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
414 W 24TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000484610		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
414 W. 24th St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Tiffany Peguese-Powers

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
414 W. 24th St.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-401-4721	tiffanypowers@bellsouth.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date 10/16/18

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form - North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Loretta	Kim	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1185 N Roberts Ave Apt U1	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) [redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/ Guardian (if applicable)

X 9-28-18 Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Barker	Denise	Evelyn	

Home Address (NC Residential Address.)	City	State	Zip Code
305 N Patterson St	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box ~~113~~ 1434	Laurinburg	NC	28353

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910 390-4102	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

22Aug2018
Date

Date

BE.gov to check your voter registration or absentee voting status.

[redacted] Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	John	Wilson	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
205 [redacted] Chermont Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/24/18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Campbell	Aisha	Latoya	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
906 Sinclair St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/19/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Walker	Krystal		

Home Address (NC Residential Address.)	City	State	Zip Code
120 Wilson Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 (Date) X (Date)

...E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	REBECCA	RAWLS	

Home Address (NC Residential Address.)	City	State	Zip Code
175 TRAVELER RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-536-5760	rjr1993@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
175 Traveler Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date: 10-25-18

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Pickett	David	Jerome

Home Address (NC Residential Address.)	City	State	Zip Code
55 Danbury Dr.	St. Pauls	N.C	28384

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Rob Co.

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (optional)	Phone (optional)	Email (optional)
	XXX - XX[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
55 Danbury Dr.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/13/18 *(Date)* X ____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCLEAN	CHARLES	E	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
385 SOUTHFIELD RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
CHARLES E. McLEAN	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Judicial *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/6/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
HILL	QAADIR	TIMOTHY		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
7135 E. GREAT MARSH CHURCH RD.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
7135 E. Great Marsh Church Road	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/16/2018 *(Date)* X _____ _____ *(Date)*

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 1851 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Pittman	Shamara	Shawanta	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
Westgate Terrace Apt 11A					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN#	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Westgate Terrace Apt 11A	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 6, 18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6, 18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Pittman	Shamara	Shawante	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
Westgate Terrace Apt 11A	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Westgate Terrace Apt 11A	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X
e Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Dial	Marcus	Lloyd		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5530 Hwy 710 N	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O Box 748	~~Pembroke~~ Red Springs	NC	~~28372~~ 28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.

Phone (optional): 910

Email (optional): 827 – 3583

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/21/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Masters	Ross	MacRae	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
206 Barker Ten Mile Rd.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
400-33 Treybrooke Circle	Greenville	NC	27834

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Pitt

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional): rossmmasters@gmail

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
400-33 Treybrooke Circle	Greenville	NC	27834

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/9/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Clark	Mary	Br thea	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
134 Shelia Dr	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Owens	James	A.	

Home Address (NC Residential Address)	Mailing Address (if different than home address)
400 Martin Luther King Dr. Apt 451	

City	State	Zip Code	City	State	Zip Code
Lumberton, N.C.	N.C.	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/6/2016 X
Date Date

gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV 6 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
NOFTZ	SANTANA	ANJA	

Home Address (NC Residential Address.)	City	State	Zip Code
806 CHASON ROAD	LUMBER BRIDGE	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code
VORDERE PRAESENZGASSE	MAINZ		55116

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
GERMANY	

Voter Registration No.	Phone (optional)	Email (optional)
485369 Optional		SNOFTZ@GMX.NET

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
VORDERE PRAESENZGASSE 6	MAINZ		55116

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☒ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
VORDERE PRAESENZGASSE 6 55116 MAINZ GERMANY	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Oct 3 '18 *(Date)* X _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY *(Election Type (Primary, General, Municipal, Special, etc.))* **on** May 08 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
NOTTZ	SANTANA	ANJA	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
806 CHASON ROAD	VORDERE PRÄSENZGASSE 6

City	State	Zip Code	City	State	Zip Code
LUMBER BRIDGE	NC	28357	MAINZ	RLP	55116

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
GERMANY	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
485369		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
VORDERE PRÄSENZGASSE 6	MAINZ	RLP	55116

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☒ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
VORDERE PRÄSENZGASSE 6 MAINZ, RLP 55116 GERMANY	Fax Number or Email Address SNOFTZ@GMX.NET

[redacted]

	Signature of Near Relative/Guardian (if applicable)
01/30/18 Date	X [signature] Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Brandon	James	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
153 Sally's Rd	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Cindona		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
153 Sally's Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8/28/18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
HUNT	TAFFORD	CURTIS		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3399 S ROBESON RD	

City	State	Zip Code	City	State
ROWLAND	NC	28383		

Have you lived at this address for more than 30 days?	County of Residence	Previous Name (if applicable)
☒ Yes ☐ No If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	[illegible]	422-8264	

	City	State	Zip Code
	[illegible]ty		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-27-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	TAFFORD	CURTIS	

Home Address (NC Residential Address.)	City	State	Zip Code
3399 S. ROBESON RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign[redacted] **Signature of Near Relative/Guardian** (if applicable)

10-19-2018 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
JACKSON	VIRGINIA	MCLEAN	

Home Address (NC Residential Address.)	City	State	Zip Code
90 SALEM DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-1-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

BE.gov to check your voter registration or absentee voting status.

[redacted]

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACKMON	CONNIE	SUE	MS.

Home Address (NC Residential Address.): 400 N. ML. KING JR DR., # APT.303

City	State	Zip Code
LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.): Same address

City	State	Zip Code

County of Residence: Robeson

Previous Name (If applicable): Locklear

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-2-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Townsend	Lenora		

Home Address (NC Residential Address.): 1209 S Walnut st Apt 4E

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	N.C.	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8-21-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
RAY	TAVON	LABRIAN	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 341	SHANNON	NC	28386

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-484-7935

Email (optional): sexiboi31@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)

10-10-18 X Tavon Ray
Date

Signature of Near Relative/Guardian (if applicable)

_____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on 05-08-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Bowers	Shaila	Brianna	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
116 east 7th ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
116 East 7th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

04-25-18 *Date* X *Date*

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Bowers	Shaila	Brianna	

Home Address (NC Residential Address.)	City	State	Zip Code
116 East 7th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
116 East 7th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffi
Bowers	Shaila	Briana	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
116 East 7th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
116 East 7th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Mid-Term General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/4/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Burleson	Lauren	Brooke		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
4467 Regan Ch. Road					
City	State	Zip Code	City	St	
Lumberton, NC	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

[redacted]

Absentee Mailing Address (where ballot should be sent)	City	State	Zip Code
4467 Regan Ch. Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name						
Norma Burleson	☐ spouse	☐ brother/sister	☒ parent	☐ grandparent	☐ stepparent	
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law	
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian			

Requestor's Address	Name of Corporation (If appointed legal guardian)		
4467 Regan Ch. Rd.			
City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910.738.4149	burl123@bellsouth.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____

X Norma Burleson 10/22/18
Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Diaz Serrano	Jose	Andres	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
510 Godwin Avenue	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X _____ _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Dinnall	Bonnie	Denisa	

Home Address (NC Residential Address): 400 MLK Drive Apt. 321
City: Lumberton State: NC Zip Code: 28358

Mailing Address (if different than home address.)
City: Lumberton State: NC Zip Code:

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence:
Previous Name (if applicable):
Voter Registration No.:
Phone (optional):
Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:
Name of Corporation (if appointed legal guardian):
City: State: Zip Code:
Requestor's Phone:
Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

9/6/18 X
Date Date

...E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Dat
STRICKLAND	RICHARD	KEITH		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4195 OLD WHITEVILLE RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
esox	

Registration No.	Phone (optional)	Email (optional)
Optional 5786-4		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4195 Old Whiteville Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10-15-18 (Date)	X (Date)

gov to check your voter registration or absentee voting status.

E FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
STRICKLAND	PAULA	WILLIAMSON	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4195 OLD WHITEVILLE RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

r Registration No.	Phone (optional)	Email (optional)
Optional 5787-10		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4195 Old Whiteville Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-15-18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

B31

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Collins	Allan	Micheal		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
474 oak Grove Church rd	

City	State	Zip Code	City	State
Lumberton		28360		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (If applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Original		

	ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/28/2018 (Date)	X (Date)

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
CANADY	DONALD	WALTER	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1016 RUSS RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000485872		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
* 1016 Russ Road	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/10/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Betty	Rose	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
957 Lowe Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 (Date) X (Date)

[redacted]E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Samuel		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
957 Lowe Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Dat)*

Voter Information

Last Name	First Name	Middle Name	Su
Oldham	John	David	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
57 Edgegrove Circle	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
57 Edgegrove Circle	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-21-18 X
Date

Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Oldham	John	D.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
57 Edgegrove Circle	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-1-18 Date

X

Date

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth/
Micheals	John	Gilbert		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
101 Church St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Addr[redacted] stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signatur[redacted]

8/23/18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

[redacted]

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suf
Jordan	Robert	Edward	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
413 Mercer Mill Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 316-7933	bobbyj1945@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (If applicable)

10/12/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Goforth	Debra	Ann	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
888 E McRainey Rd	Saint Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Unknown	9107097007	gofornut@live.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
824 McDow Rd	Rock Hill	SC	29732

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/9/2018 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dial	Anthony	Rudolph	

Home Address (NC Residential Address.)	City	State	Zip Code
PO Box 3216 7760 Hwy 72 W	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 3216	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 3216	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Rhonda (First) (Middle) Dial (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
7760 Hwy 72 W PO Box 3216	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Pembroke	NC	28372	910-837-1086	rhondadial@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ X Rhonda Dial 4-17-18
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Dial	Anthony	Rudolph	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
7760 Hwy 72W PO Box 3216	PO Box 3216

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

[redacted] ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-827-0143	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 3216	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Rhonda (First) (Middle) Dial (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Name of Corporation (If appointed legal guardian):

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email
7760 Hwy 72W PO Box 3216	Pembroke	NC	28372	910-827-1086	rhondadial@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X Rhonda Dial 10-22-18
Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

1989 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
COBB	TROY	R. J	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
131 Crest Brook DR.	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
9768 Hwy 71 N.	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-24-18
Date

Signature of Near Relative/Guardian (if applicable)

X Troy Cobb

8-24-18
Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 20[redacted] (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JENKINS	LINDA	MAE	

Home Address (NC Residential Address.)	City	State	Zip Code
~~2215 BEE GEE RD~~. 183 Derrick rd	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

Mailing Address (If different than home address.)	City	State	Zip Code
185 Derrick Rd Unit 183	Lumberton	NC	28358

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	[redacted]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
185 Derrick Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9/24/2018 (Date)	X (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
S Spann	Maria	Ann	

Home Address (NC Residential Address): 616 East 3rd St.
City: Pembroke State: NC Zip Code: 28372
Mailing Address (if different than home address.)
City State Zip Code
[redacted]
Have you lived at this address for more than 30 days? ☑ Yes ☐ No
County of Residence Previous Name (if applicable)
Voter Registration No. (Optional) Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address Name of Corporation (if appointed legal guardian)
City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/4/18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S
Kennedy	Aaliyah	Renee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1502 Lakeview Rd	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1502 Lakeview Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-21-18 X
Date

Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 14-232

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOMAX	PAULA	DEAN	

Home Address (NC Residential Address.)	City	State	Zip Code
316 1ST ST.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
316 First Street	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-30-18 X _____ _____
Date Date

[redacted]ov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	JP		

Home Address (NC Residential Address.)	City	State	Zip Code
109 Delano St.	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

er registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Canady	Chelsea		

Home Address (NC Residential Address.)	City	State	Zip Code
10415 US Hwy 301 N	Lumberton		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

County of Residence | **Previous Name** (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/2/2018 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 208 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	Callie	Elaine	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
102 Greenock Place	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
same			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	—

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
102 Greenock Place	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	(Suffix)	☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian
Elaine Jolly Davis		

Requestor's Address	Name of Corporation (If appointed legal guardian)
102 Greenock Place	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-827-9370	gdavis65@nc.rr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-20-18 (Date) X Elaine [signature] 10-20-18 (Date)

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Scott	Marteal			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
501 N Main	Red Spring	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/24/18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Severe	Alicia	[redacted]	

Home Address (NC Residential Address.)	City	State	Zip Code
405 Cherokee St.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 303	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/27/18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
HILL	KIMBERLY		

Home Address (NC Residential Address.): 1942 Turkey Branch Rd.
City: Fairmont State: NC Zip Code: 28340
Mailing Address (If different than home address.)
City State Zip Code
County of Residence: ROBESON
Previous Name (if applicable)
Voter Registration No.: (Optional)
Phone (optional): 910-852-4355
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09-04-18 (Date) X (Date)

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Chelsi	Leani	

Home Address (NC Residential Address.): 322 Mt. Tabor Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (If applicable):

[redacted]

Voter Registration No.: Ordonel

Phone (optional): 9106743956

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

[redacted]

8/24/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor	William		

Home Address (NC Residential Address.): 601 E. Gertrude St.

Mailing Address (if different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

[redacted] ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910-544-6765

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 Date

X _____ Date

...NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~DAR~~ MC Cruelty/General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Richardson	Ollie	M	

Home Address (NC Residential Address.)	City	State	Zip Code
219 Center St	Lumberton	N.C	28358

Mailing Address (If different than home address.)	City	State	Zip Code
219 Center Street	Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 862 4299	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Ollie M Richardson

Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Demery	Olivia	Lynn	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
386 Ronald Blvd Lot 35	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Hawkins	Melanie	T	

Home Address (NC Residential Address.)	City	State	Zip Code
360 Marion Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
360 Marion Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Leach	Eleska		

Home Address (NC Residential Address.): 21 West Gate Terrace Apt D

Mailing Address (If different than home address.)

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 (Date) X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form – North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type: Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Parker	Taylor	Renee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
118 Old Allerton Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Date

Signature of Near Relative/ Guardian (If applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

2007 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Dickens	Moniqua	Noell	

Home Address (NC Residential Address.)	City	State	Zip Code
307 Mitchell St	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
307 Mitchell St	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-16-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Cumming	Eric	Ray	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
153 Suggs Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18 *(Date)* X _____ _____ *(Date)*

Signature of Near Relative/Guardian (if applicable)

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Brittney	M.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
153 Sally's Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
153 Sally's Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/28/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BENTON	JUDIE	E	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1305 EAST ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6 - 2018. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Gillespie	Essie	Marie	

Home Address (NC Residential Address.): 555 Crandlemire Rd Lot 13

Mailing Address (If different than home address.): Same

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 Date X Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McDowell	Michelle	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
127 Johnson Street	

City	State	Zip Code	City	State	Zip Code
Red S	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
127 Johnso St			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8-22-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Patterson	Annie	C.	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
113 Buie St.	

City	State	Zip Code	City	State	Zip Code
Red Spring	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Options	910-476-2611	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/23/18	X	

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Belin	Tyray	Martin	

Home Address (NC Residential Address): 804 East Main St

City: Rowland | State: NC | Zip Code: 28383

Mailing Address (if different than home address.)

City | State | Zip Code

[redacted]

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional): 910-534-03[redacted]

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2018 06 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Bowers	Tyrone	Rena	

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sig[redacted]

X [redacted] 5-1-18 Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 10-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bowers	Tyrone	Rena	Jr

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
140 Johnson St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 2017 of 2824

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Huggins	Amber	M		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
107 Tuck Pt	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-23-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McKeithan	Samantha	Kathleen	

Home Address (NC Residential Address.)	City	State	Zip Code
2043 Eastwood Terrace	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: __/__/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	919-239-1465	

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ 10-22-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8th 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Oxendine	Samuel	—	—	

Home Address (NC Residential Address.)	City	State	Zip Code
397 Nolies Dr.	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
obeson	

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
397 Nolies Dr.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Joan (First) (Middle) Oxendine (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
112 Nolies Dr.				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Maxton	NC	28364	910-521-7878	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

4-29-18 (Date) X Joan Oxendine 4-29-18 (Date)

[redacted]E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Beulah	Dial	

Home Address (NC Residential Address.)	City	State	Zip Code
397 Nolies Dr.	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
397 Nolies Dr.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Joan (First) [redacted] Oxendine (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email
112 Nolies Dr	Maxton	NC	28364	910-521-7878	

Name of Corporation (If appointed legal guardian):

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

4-29-18 (Date) X Joan Oxendine 4-29-18 (Date)

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Elk	Kelsey	Rae	

Home Address (NC Residential Address.)	City	State	Zip Code
199 old landing Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 343	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910 258-3687

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 8/24/18

Signature of Near Relative/Guardian (if applicable) X Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCNEILL	JAMES	NELSON	Mr.

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
77 JELLY BEAN DR.	

City	State	Zip Code	City	State	Zip Code
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

oter Registration No.: Optional

Phone (optional):

Email (optional): NCsilvershadow@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
77 Jelly Bean Dr.	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-2-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LEON	ANATOLIO		

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 307	LUMBERTON	NC	28359

[redacted] ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
P.O.BOX 307 LUMBERTON NC. 28358	P.O.BOX307 LUMBERTON	NC	28358

County of Residence	Previous Name (if applicable)
USA	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-316 7134	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O.BOX 307	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date _____ **Signature of Near Relative/Guardian** (if applicable) X _____ Date _____

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McArthur	LaMoss		

Home Address (NC Residential Address.): 430 Meadowwoods Apt.
City: Parmont State: NC Zip Code: 28340

Mailing Address (If different than home address.)
City: State: Zip Code:

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910 785-1987

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City: State: Zip Code:
Requestor's Phone:
Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

09-4-18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Cammie	Lynn	

Home Address (NC Residential Address.)	City	State	Zip Code
676 Amberdale West Circle	lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence

Previous Name (If applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Everette	Carey	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
6103 N 19th St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/13/18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
White	Auna	Q		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
202 E 13th Street	

City	State	Zip Code	City	State
Lumberton	NC	28358		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910)7639055	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
WHITE	EDWARD	RUSSELL		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
204 W 32ND STREET	

City	State	Zip Code	City		
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/04/2018 (Date) X _____ Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brown	Jarred	Tobias		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
207 Warren St.	

City	State	Zip Code	City
Red Springs	NC	28377	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	Jarred	Tobias	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
207 Warren St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (If applicable)

10-30-18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	BRET	TYLER	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
587 LONNIE FARM RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-24-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election D...)*

Voter Information

Last Name	First Name	Middle Name	S...
Mojica Jr	James	Luis	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
24 Dean rd	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
24 Dean Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-27-18 X
Date Date

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Gabriel		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
6155 Pennert Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28311			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/2/2018 X _____
Date Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BOARD	MABEL	PENFIELD	

Home Address (NC Residential Address.)	City	State	Zip Code
101 EVANS RD # 6A	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
5701 N FAYETTEVILLE RD	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☐ Yes ☐ No
If "No," indicate the date of your move: / /

County of Residence: ROBESON
Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)
NC License or ID Number:
SSN: X X X - X X [redacted]
Voter Registration No.: [redacted]00000490310
Phone (optional):
Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
5701 Fayetteville Rd	Lumberton	N.C	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

[redacted]k your voter registration or absentee voting status.

V2018.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Wood	Whitney [illegible]	A	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
710 Roberts ave					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
[illegible]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

09/06/18 X _____ _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
[redacted]
[redacted]
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** 8/3/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Whittington	Nekoda	Latoya	

Home Address (NC Residential Address.): 165 meadow RD Apt C
City: Lumberton **State**: NC **Zip Code**: 28358

Mailing Address (If different than home address.)
City **State** **Zip Code**

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) **Phone** (optional) **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) **City** **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address **Name of Corporation** (If appointed legal guardian)

City **State** **Zip Code** **Requestor's Phone** **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/3/2018 X
Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Yocklear	Harold			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
238 lakewood drive	

City	State	Zip Code	City	State
Maxton	NC	28364		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/30/18 (Date)

Signature of Near Relative/Guardian (If applicable) X _____ (Date)

[redacted] .gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Baxley	Victoria	Denise	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2185 Nevada St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/20/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Grimsley	Wendy	E	

Home Address (NC Residential Address.)	City	State	Zip Code
518 E Ross St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
518 E Ross St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/20/2018 X
Date

Date

[redacted].gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special, etc.)*) on 5-8-2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Clendine	Judy	Lane	

Home Address (NC Residential Address.)	City	State	Zip Code
1555 Willis Ave.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
342 Ronald Blvd	Lumberton	NC	28360

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	JESSIE	F	

Home Address (NC Residential Address.): 137 BARBER SHOP RD.

City	State	Zip Code
LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson County

Previous Name (if applicable):

Voter Registration No. Optional

Phone (optional): 910-374-5434 910-521-9317

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 137 Barber Shop Rd

City: Lumberton **State:** NC **Zip Code:** 28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCDONALD	DEBORAH	LEE	

Home Address (NC Residential Address.)	City	State	Zip Code
41 POLO DR.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
41 Polo Dr	Lumberton	N.C	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter [redacted] Date 7-29-18

Signature of Near Relative/Guardian (if applicable) X Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33312683272 NC8W1046341 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Moore	Shaniquatez	Lynise		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
613 North Main St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted] Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted] Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9/6/18 Date	X Date

gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Sanderson	Lacy	Clifton		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
113 Denise	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State
[redacted]		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-28-18	X	

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Haggins	James	T	

Home Address (NC Residential Address.)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/3/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Cummings	RoneiKa			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
134 S. 2nd Street	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (see instructions)

Voter Registration No.: [redacted]

Phone (optional): 910-544-8622

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9-6-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted]
PHONE [redacted] FAX [redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Speights	Robert	Leon	

Home Address (NC Residential Address.): 136 Patterson Rd

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	N.C.	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-208 X _____
Date Date

[redacted].gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name *	First Name *	Middle Name *	Suffi
Locklear	Nicholan	Shanta	

Home Address (NC Residential Address.) *	City *	State *	Zip Code *
40 Maverick Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
419 PO Box	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Address/Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 8-29-18 Date

Signature of Near Relative/Guardian (if applicable) X ____ Date

[redacted]

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BURKE	ROBERT	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
138 PORCELAIN LN.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] of Voter (voter only) _____ Date 10-18-18

Signature of Near Relative/Guardian (if applicable)
X Linda R. Burke /wife 10-18-18
Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Paisley	Elecia	L		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Parkview Drive Apt. J3	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State
	Lumberton	[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/22/18	X
Date	Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GOINS	STONEY		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
140 OXENDINE CIR.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X Rose 10-1-2018 Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election D*

Voter Information

Last Name	First Name	Middle Name	S
Conley	Victoria	Halene	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2580 Ballance Farm Rd	St Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2580 Ballance Farm Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name								
	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent			
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law			
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian					

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/25/18 X _____
Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
~~Haskins~~ Haskins	Connor	Covington		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
205 E. 19th St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions).

NC License or ID Number	SSN	Voter Registration No. (optional)	Phone (optional)	Email (optional)
	XXX-XX[redacted]	491566		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 W. Sixth Ave Apt. B	Conshohocken	PA	19428

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Kelly L. Haskins

☐ spouse ☐ brother/sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 205 E. 19th St.

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-608-7681	jhaskins2@nc.rr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter — Date

Signature of Near Relative/Legal Guardian (if applicable): X [signature] — Date: 4/25/18

v.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Hernandez	April	Nicole	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
938 Brisson Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
938 Brisson Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian	
Requestor's Address		**Name of Corporation (If appointed legal guardian)**
City / **State** / **Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/16/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2018.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWRY	DONALD	TERRY	

Home Address (NC Residential Address.)	City	State	Zip Code
195 DONALD TERRY RD.	ROWLAND	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted] to check your voter registration or absentee voting status.

[redacted] FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
VANLANDT	William	Henry	

Home Address (NC Residential Address.)	City	State	Zip Code
1247 Highland Gamos Rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
1247 Highland Gamos R	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1247 Highland Gamos Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/16/18 (Date) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
COUNCIL	GLENDA		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
318 RUTH RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
318 Ruth Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

r registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192175443 NC8W1037764 CVNC

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Love	Tiffany	Janea	

Home Address (NC Residential Address.)	City	State	Zip Code
1707 Maryland St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
Same	Lumberton, NC		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

ter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

July 30 18 X
Date Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
THOMPSON	WANDA	JEAN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
209 ACRES LN.	

City	State	Zip Code	City	State	Zip Code
ORRUM	NC	28369			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☑ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10-8-18 Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted] ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Tommy	Wayne	

Home Address (NC Residential Address.): 414 Eddie Sampson Rd.
City: Lton State: NC Zip Code: 28360

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-2-18 Date X Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Grimsley	Cary	Neil	

Home Address (NC Residential Address.)	City	State	Zip Code
518 E Ross St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
518 E Ross St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

11/6/2018 (Date) X _____ (Date)

[redacted]gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Emanuel	Louise			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
974 McGirt Rd.	

City	State	Zip Code	City	State
Maxton	NC	28364		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 09-05-18	X
Date	Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Clark	Brentley	NONE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
262 Bambie Rd.	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State
[redacted]		

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: 9/1/2001990

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/28/18 (Date)	X (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form - North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
MC Arthur	Carson	B		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1301 North Walnut St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/ Guardian (if applicable)

08/07/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
McBryde	Larry	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
109 E Brown Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX-X[redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
109 E. Brown Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 5 18 X

Date Date

...NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General on Nov 6, 18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
MC Bryde	Larry		

Home Address (NC Residential Address.)	City	State	Zip Code
109 East Brown Avenue	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
152 MC allister Circle	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X
Date Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Clark	Sabrina	Demery		[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
262 Bambi Rd	

City	State	Zip Code	City	State
Maxton	NC	28364		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Cleared		

[redacted]

lity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signa[redacted]

8/28/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
DEESE	ARIEL	BROOKE	

Home Address (NC Residential Address.)	City	State	Zip Code
221 COVINGTON RD.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
221 Covington Rd.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name								
Adam (First) Drake (Middle) Deese (Last) (Suffix)	☑ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent			
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law			
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian					

Requestor's Address	Name of Corporation (If appointed legal guardian)		
221 Covington Rd.			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28360		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X Adam Deese

_____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Govan	Drafton	Jarlett	

Home Address (NC Residential Address.): 319 Church

Mailing Address (If different than home address.): 319 Church

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
319 Church	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 Date

X [redacted] Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Govan GOVAN	Drayton	Jarbor	

Home Address (NC Residential Address.): 319 Church ST

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional): 9102741760

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-15-18 *Date* X *Date*

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Faison	Shakeca S.F			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1266 Water Tower Rd	Orrum		28369

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below (or see instructions): [redacted]

Voter Registration No.: Options

Phone (optional): ~~910-704-40~~ S.F 704-408-8627

Email (optional):

Address	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 09/06/18 (Date)

Signature of Near Relative/Guardian (if applicable) X _____ (Date)

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
RHODES	JIMMY	DALE	

Home Address (NC Residential Address.)	City	State	Zip Code
685 N. WILKINSON DR.	SAINT PAULS	NC	28384

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
685 N. Wilkinson Dr.	SAINT PAULS	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 10/3/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HAGINS	SHERRY	H	

Home Address (NC Residential Address.)	City	State	Zip Code
52 AUNDREA AVE.	LUMBERTON	NC	28358

Mailing Address (If different than home address.) — City — State — Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

You must provide at least one Identification number below. (

NC License or ID Number | SSN: X X X - X X [redacted]

oter Registration No.: Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 52 Aundrea Avenue | City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/18/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

www.NCSBE.gov to check your voter registration or absentee voting status.

EVERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Haskins	Morgan	Lynne		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
115 Tamarisk Lane	Pinehurst	NC	27834

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below.

NC License or ID Number	SSN	Voter Registration No. (optional)	Phone (optional)	Email (optional)
	XXX-X[redacted]	492599		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
115 Tamarisk Lane	Pinehurst	NC	27834

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Kelly L. Haskins

☐ spouse ☐ brother/sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
205 E. 19th St.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910 608-7681	jhaskins2@nc.rr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X Kelly L. Haskins 4/25/18

Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Moore	Tamaya	Patrice		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1809 Marion Stage Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1809 Marion Stage Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-16-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Walters	Johnathan		

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
316 Howard Creek	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Options

Phone (optional): 910-770-2435

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/6
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S
FERRO	VIVIAN	ESTELLA	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
278 GREEN ST	PARKTON	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000492847		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
278 Green Street	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/5/18 X
Date Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on 6 November 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McMahon	Carolyn	Elizabeth	

Home Address (NC Residential Address.)	City	State	Zip Code
500 McMillan Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
492914	5209758002	cmarbry@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3067 Tecumseh Court	Woodbridge	VA	22192

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 25 Sep 18

Signature of Near Relative/Guardian (if applicable) X Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Fields	Daniel	Paul		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
37 Leonard Drive	Lumberton	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/2018 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	DORIS	CHASE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3119 SMITH MILL RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358	[illegible]		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

r Registration No.	Phone (optional)	Email (optional)
Optional	910 734-4092	dorislocklear70@aol.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same	L'tun	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	10-8-18	X	

.gov to check your voter registration or absentee voting status.

E FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

IF FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Fields	Daniel		

Home Address (NC Residential Address.): 155 Tower R.d

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 Date — X Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BALDWIN	AARON	JAMAL	

Home Address (NC Residential Address.)	City	State	Zip Code
186 AGAPAI DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 2154	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
~~Democratic~~ ~~Republican~~ ~~[redacted]~~ ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10-2-18 Date

Signature of Near Relative/Guardian (if applicable)

X Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McMillan	Dallas	Dwayne	

Home Address (NC Residential Address.): 901 East 5th Street Apt 17

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	N.C.	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: On file

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

08/16/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Bryde	Raymond	E	

Home Address (NC Residential Address.)	City	State	Zip Code
11 lombardy rd6	Lumber bridge	N.C	28357

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Cancelled		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Gtc (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6, 2018 (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
ELLERBE	ELLA		

Home Address (NC Residential Address.)	City	State	Zip Code
1115 FURMAN DR.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	919-604-5128	ellerbe1922@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1115 Furman Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name N/A (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
N/A	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date Oct 8, 2018

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11 Nov 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Silvester		

Home Address (NC Residential Address.): 921 Britt RD
City: ST. Pauls | State: NC | Zip Code: 28384

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/7/18 (Date) X 9-9-2018 (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)*) on _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	SILVESTER		

Home Address (NC Residential Address.)	City	State	Zip Code
921 BRITT RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
921 Britt Rd	ST. PAULS	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date _____

Signature of Near Relative/Guardian (if applicable) X _____ Date 9-30-2018

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Destin	Latrice	

Home Address (NC Residential Address.): 1809 Marion Stage Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.: Online

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?): 1809 Marion Stage Rd

City	State	Zip Code
Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

8-15-18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on Nov. 06-18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lewis	Cheryl	—	MS

Home Address (NC Residential Address.)	City	State	Zip Code
512 Bullard St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Roberson		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence ✓ Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Council	Tasha	N	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1507 E. 11th St.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ X 10-9-18 _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Sc
Jordan	Constance	May	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
413 Mercer Mill Road	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 225-7961	constancejordan@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X
Date

Date

[redacted] to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Calhoun	Katie	M	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
437 Hendrix Drive					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 Hendrix Drive	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Apri/9,18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES!

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Calhoun	Katie	M	

Home Address (NC Residential Address.)	City	State	Zip Code
437 Hendryx Dr	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 Hendryx Drive	Redsprings	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
Morazan	Cody	Austin	

Home Address (NC Residential Address.): 367 Diallock Rd

Mailing Address (If different than home address.)

City	State	Zip Code
Maxton	NC	28364

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09/10/2018 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Sanes	Geremy	D		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
302 Mitchell St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (if applicable)

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
302 Mitchell St	Fairmont	NC.	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/16/18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CLEWLEY	ANNE	ELIZABETH	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
298 DONNA ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Campbell	Mechelle	McCall		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
630 West 4th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: none

Phone (optional): 910-551-6713

Email (optional): mechelle05302@yahoo.com

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-24-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Harrelson	Rodney	W	[redacted]	

Home Address (NC Residential Address.)	City	State	Zip Code
173 emory lane	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
11	St. Pauls		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX-XX[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
11	11	11	11

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-8-18 X

Date Date

v.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
SCOTT	JALAUN	AMIR	

Home Address (NC Residential Address.)	City	State	Zip Code
116 LARIAT DR.	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
116 Lariat Court/Drive	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
	9/30/18	X	

w.NCSBE.gov to check your voter registration or absentee voting status.

'ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Walker	James	Reginald	

Home Address (NC Residential Address.)	City	State	Zip Code
100 Wilson Road	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
100 Wilson Road	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	544-6194	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-13 Date X Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McNair	Gary	Eugene	

Home Address (NC Residential Address.)	City	State	Zip Code
830 Brisson Rd	St. Paul	N.C.	28384

Mailing Address (If different than home address.)	City	State	Zip Code
S	Same		

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

-11-18 Date

X

Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 06 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McNair	Gary	Eugene	

Home Address (NC Residential Address): 830 Brisson Rd.
City: Saint Pauls | State: NC | Zip Code: 28384

Mailing Address (if different than home address.)
City | State | Zip Code

[redacted]

Have you lived at your address for less than 30 days? ☒ Yes ☐ No

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No.: [redacted]
Phone (optional): 910-241-3007
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-7-18 (Date) X (Date)

[redacted]

ww.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
HUGHES	NATASHA	G	

Home Address (NC Residential Address.)	City	State	Zip Code
2303 N. BARKER ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2303 N. Barker St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only) Signature of Near Relative/Guardian (if applicable)

10-1-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

[redacted] ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Natashia		

Home Address (NC Residential Address.) 183 Shevonne Drive

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-258-4331

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X _____ (Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Williams	BRIAN	A.		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
107 S Austin St →	MAXTON	N.C.	28364

Mailing Address (If different than home address.)	City	State	Zip Code
	MAXTON	N.C.	28364

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robes	

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-674-0286	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/24/18 Date	X 8-24-18 Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Oct 22-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Howard	DaSean	Danyall	

Home Address (NC Residential Address.)	City	State	Zip Code
437 Hendryx rd	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
437 Hendryx Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCDowell	Timothy	W.	MR

Home Address (NC Residential Address.): 512 Bullard St
Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Roberson		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No
County of Residence
Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 X [signature] _____
Date Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brooks	Santanna	Shanadora		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
501 Scarlet Dr	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8/15/18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Adams	D'Ericka	TaNyah	

[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2322 Meadow Rd					
City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
		dta[redacted]23@aol.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/18 Date

X Date

BE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
White	Ursula	—	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
309 spruce Street	309 Spruce st

City	State	Zip Code	City	State	Zip Code
Lumberton	N.C	28358	L		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-19-2018
Date

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6th 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Watson	Dieadre	Shanice	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
109 Benton Court	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 384-4757	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-28-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Murphy	April		

Home Address (NC Residential Address.): 3080 Bakersfield Dr.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/31/18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
PURCELL	JAMES	A	

Home Address (NC Residential Address.)	City	State	Zip Code
1413 SNIPES RD.	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1413 SNIPES RD.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: James (First) Archie (Middle) Purcell (Last) IV (Suffix)

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
1413 SNIPES RD.				

City	State	Zip Code	Requestor's Phone	Requestor's Email
Red Springs	NC	28377	910-227-2127	JamesPurcell1806@Gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-21-2018X
Date

Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

NC STATE BOARD OF [illegible]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 919-814-0700 or 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

[illegible] 2018

ELECTIONS & ETHICS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: 2018 MIDTERM (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Su
SINGLETARY	SAMUEL	CARTER	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1 UNIVERSITY ROAD	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
0000004961112		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
440 S SUNSET DRIVE	WINSTON-SALEM	NC	27103

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/10/2018 X
Date

Date

CSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
[redacted] FAX: 704-319-9722
absentee@[redacted].gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
LESANE	OSBOURNE		

Home Address (NC Residential Address.): 1157 Furman Drive

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	N.C.	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-674-4286	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

Date		Date
8-6-18	X [signature]	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 05/08/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
JACOBS	ANGELA		

Home Address (NC Residential Address.)	City	State	Zip Code
9 ROBINWOOD APTS # B	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000496191		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
9 Robinwood Apts #B	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-13-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

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State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Angela		

Home Address (NC Residential Address.)	City	State	Zip Code
Apt 9B Robinwood Apts	Red Springs	NC	28377

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Apt 9B Robinwood Apts	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 *(Date)* X _____ _____ *(Date)*

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Cummings	Randy	Jr.	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3050 Martin Luther King Dr. Apt C	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Cv done

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

09/30/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WATTS	FELICIA		Mrs.

Home Address (NC Residential Address.): 3936 RENNERT RD.
City: SHANNON | State: NC | Zip Code: 28386

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No
If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or ID Number | SSN: XXX - XX - [redacted]

Voter Registration No.: Optional

Phone (optional): 910674[redacted] | Email (optional): felecia watts@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 3936 Rennert Rd
City: Shannon | State: NC | Zip Code: 28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

10/15/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

05 JW

...t www.NCSBE.gov to check your voter registration or absentee voting status.

...REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (*Election Type (Primary, General, Municipal, Special, etc.)*) on TUESDAY, NOVEMBER 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
BRITT	MOLLY	M	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1109 PINE RUN DR.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Mon, 10-1-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	GERALDINE	JORDAN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 7606	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28359			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O.B. 7606	Lumberton	N.C.	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-19-18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Major	Carrie	L		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
107 Phillips Ave	

City	State	Zip Code	City	State
Redspring	NC	28377		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

Absentee Mailing Address (Where you want your ballot mailed.)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-13-18 Date	X ____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Christopher	L.	

Home Address (NC Residential Address.): 651 Deese Rd

Mailing Address (If different than home address.): [redacted]

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: *Election Type (Primary, General, Municipal, Special, etc.)* on *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockhear	Jessica	K	

Home Address (NC Residential Address.): 745 A Roberts Ave

City: Pembroke | State: [redacted] | Zip Code: 28372

[redacted]

Mailing Address (If different than home address.)

City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date | Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	Hardin		Sr

Home Address (NC Residential Address.)	City	State	Zip Code
207 Warren St	Red Springs	NC	

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: / /

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ (Date)

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Barton	Jotena	Lynn	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
96 Excel Rd. Hwy 14	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

-27-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Huggins	Terry	Lynn	

Home Address (NC Residential Address.): 400 MLK Drive Apt. 510

Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/6/18 (Date) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
GAY	MARY	HELEN	

Home Address (NC Residential Address.)	City	State	Zip Code
3752 SHAW RD.	LUMBER BRIDGE	NC	28357

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3752 Shaw road	Lumber Bridge	N.C.	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-28-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Donald~~ Davis	Donald	Ray	

Home Address (NC Residential Address.)	City	State	Zip Code
1802 Elizabethtown Rd	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
1802 Elizabethtown Rd	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1802 Elizabethtown Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Donald Ray Davis (Print)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] Sept 6 2008 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Michael	Lee	

Home Address (NC Residential Address.)
18 Allen Street

City	State	Zip Code
Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence
Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAYWOOD	GLYNDA	JEAN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
960 MATTHEWS BLUFF RD.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

r Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same As Above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10/4/16	X _____ Date

heck your voter registration or absentee voting status.

E FOR ADDITIONAL INFORMATION

831

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary/General/Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/04/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BRITT	LAUREN	A	

Home Address (NC Residential Address.)	City	State	Zip Code
3650 KALE DR.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3650 Kale Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/03/2018 *Date*

Signature of Near Relative/Guardian (if applicable) X _____ *Date*

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
McNair	Hosea		

Home Address (NC Residential Address): 258 Para Rd

City: Fairmont State: NC Zip Code: 28340

[redacted]

Mailing Address (If different than home address.)

City | State | Zip Code

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-940-7572

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 (Date) X (Date)

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Sharon Bain	Sharon	Louise	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
226 Applewood Road	Same

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/7/2018 X

Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Bain	Sharon	Louise	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
226 Applewood Road					
City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

[redacted] Have you lived at this address for more than 30 days? [x] Yes [ ] No

County of Residence: Robeson

Previous Name (if applicable):

[redacted] Voter Registration No. (Optional):

Phone (optional): 910-354-4470

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
[x] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9/6/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Valerie	Michelle	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
5795 old Stage rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence **Previous Name** (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	(910)628-6043	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 Date X _____ Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Taylor	Darius	J	

Home Address (NC Residential Address.): 1320 Hagers Ferry Road

Mailing Address (If different than home address.):

City	State	Zip Code
Maxton	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move:

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

8/15/18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LESTER	JAMES	~~Wayne~~	JR

Home Address (NC Residential Address.)	City	State	Zip Code
1068 REGAN CHURCH RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same As Above	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Lester (Last) Mary (First) D (Suffix)

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
1068 Regan Church Rd.			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10-8-18 (Date)	X Mary D. Lester 10-8-18 (Date)

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080
FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Dean	Jacqueline	Ann

Home Address (NC Residential Address.)	City	State	Zip Code
368 Dean Road	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional): (910) 827-0254

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): same as above

City	State	Zip Code
St. Pauls	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 X
Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018. (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Jackson	Roy	Lee	

Home Address (NC Residential Address): 126 Berkshire Dr.

Mailing Address (If different than home address.)

City	State	Zip Code
St. Pauls		

[redacted]

Have lived for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

Sept. 18 X
Date

Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Kemp	Nicholas	Regnis	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
529 E. Eure St	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
529 E. Eure St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

06-14-18 X

Date Date

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Bethea	Leisa	M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 S MLK	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O Box 494	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-28-18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
NESBITT	NIKKI	LATRICE	

Home Address (NC Residential Address.)	City	State	Zip Code
9 WESTGATE TERRACE APTS. APT. B	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
9 Westgate Terr. Apt B	Red Springs	NC	28377

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Oct 1, 2018 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312700480 NC8W1081500 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
FLOYD	LINDA	GAIL	

Home Address (NC Residential Address.)	City	State	Zip Code
2281 WARD STORE RD.	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date _____ Date

check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33313218475 NC8W1001214 IVNC

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on ~~8/13/18~~ 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Sta~~ Van Dyke	Shawntei	N	

[redacted]

Home Address (NC Residential Address.): 12 McCallum St

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)

Phone (optional): 910-733-5717

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

~~☐ Democratic~~ ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

5/13/18 X

Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
DOUGLAS	ERNEST	L	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
544 FODIESVILLE	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	9109734785	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

23/AUG/2018X
Date

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BALDWIN	JOHN	HECTOR	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 75 (18322 Hwy 71, Hector Drive)	LUMBER BRIDGE	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 75	Lumber Bridge	NC	28354

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		J.Baldwin475@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 75	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 9/26/18

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
DILLAHUNT	GLENDA	DALE	

Home Address (NC Residential Address.)	City	State	Zip Code
2281 WARD STORE RD.	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General, municipal or special *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS BULLARD	SHANTONIA	KAI	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
PO BOX 86					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional): sbullard08@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-2-18 X

Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WILLIAMS	ANTHONY	PRESCOTT	P.

Home Address (NC Residential Address.)	City	State	Zip Code
404 EDGEGROVE CIR.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 4116750	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
404 EDGEGROVE CIRCLE	ST. PAULS	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-19-18 (Date) X

Signature of Near Relative/Guardian (if applicable) _____ Date

E.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CUMMINGS	KRYSTEN	TAMARA	

Home Address (NC Residential Address.)	City	State	Zip Code
1691 SAMPSON RD.	ROWLAND	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 9-26-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
PRENATTE	STEPHEN	ALEXANDER	

Home Address (NC Residential Address.)	City	State	Zip Code
188 WEST 24th St.	LUMBERTON	NC	28358

Mailing Address (if different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-2-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Bascon	Johnny	Tedtaotao	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
410 W. McLean St	

City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
410 W. McLean St	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/18/18 *(Date)* X _____ *(Date)*

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Dat
WIMERT	ALICIA	ROSE		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
524 REGAN CHURCH RD.			same.		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358	same	same	same.

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)	
[redacted]beson	Alicia Rose White (maiden name)	
r Registration No.	**Phone (optional)**	**Email (optional)**
Optional	910-733-7113	aliciawimert@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
524 Regan Church Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 9/29/18 (Date)	X (Date)

[redacted].gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
McCormick	Kendra		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
200 N Mora St. 95	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

You must provide at least one identification number below. (*see instructions*)

Voter Registration No.	Phone (optional)	Email (optional)
none	910-316-9920	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature: [redacted] 9/6/18 (Date)

Signature of Near Relative/Guardian (if applicable): X ___ (Date)

E.gov to check your voter registration or absentee voting status.

Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Destiny	R	

Home Address (NC Residential Address.)	City	State	Zip Code
8393 Deep Branch Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
Pembroke State Ave	Pembroke	NC	28372

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-23-18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Miller	Mia			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
790 Davis Bridge Rd	

City	State	Zip Code	City	State
Parkton	N.C.	28371		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/27/18 (Date)	X _____ (Date)

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Tart	Frankie	Elizabeth	

Home Address (NC Residential Address.)	City	State	Zip Code
194 Bills Rd	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC [redacted] SSN XXX - XX - ____

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
194 Bills Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

9/29/18 (Date) X _____ (Date)

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Minko	Lori	Marie	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
804 ~~Fairmont~~ Floyd ST.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Deese	Jeremy		

Home Address (NC Residential Address.)

Mailing Address (If different than home address.) 337 Frank drive

City	State	Zip Code
pembroke	Nc	28365

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Previous Name (if applicable)

Voter Registration No. Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an ellgible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

CSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Frazier	Rosetta		

[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
312 E 14th St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
910	258 2471	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X

Date Date

[redacted]E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
McPhaul	Deborah	Denise	

Home Address (NC Residential Address.)	City	State	Zip Code
Westgate Terrace Apt 2D	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Westgate Terrace Apt 2D	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date: April 6, 18 X _____ Date: _____

v to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
McPhaul	Deborah	Denise	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2D Westgate Terrace Apts	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
401 1/2 6th Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Nichols	Talik	Tyquon	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
513 East 10th St	513 East 10th St

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) (910)-802-5055 | **Email** (optional) Talitnichols@yahoo

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ Date

X Lina Nichols 10/19/18 Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** Nov. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
JACKSON	HESTER	MARIE	MS

Home Address (NC Residential Address.)	City	State	Zip Code
57 BROWN STONE DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) 443-791-1651 | **Email** (optional) jacksonhe@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4925 Aberdeen Ave	Baltimore	MD	21206

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email

Name of Corporation (If appointed legal guardian)

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signatu

10/18/18 X
Date

Signature of Near Relative/Guardian (if applicable)
Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix	D
JACKSON	HESTER	MARIE	MS	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
57 BROWN STONE DR.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No.	Phone (optional)	Email (optional)
Optional	443-791-1651	jacksonhe@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4925 Aberdeen Ave	Baltimore	MD	21206

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/18/18 X
Date

Date

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312683440 NC8W1047042 IVNC

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Su
Robinson	Nicole	René	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
64 Derby Lane	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code
200 N. 16th St #1712	Philadelphia	PA	19102

Have you lived at this address for more than 30 days? ☑ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	315-748-2631	nrrobinson@me.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
200 N. 16th St #1712	Philadelphia	PA	19102

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/24/18 X

Date Date

CSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Deese	Nesa		

Home Address (NC Residential Address.): 16818 NC Hwy 130 E
City: Orrum State: [illegible] Zip Code: 28369
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

[redacted]

Voter Registration No.: [illegible]
Phone (optional): 910-740-2084
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name
Selph	Michael	David

Home Address (NC Residential Address.)	City	State	Zip Code
2214 Ballance Farm Rd	St Pauls	NC	28384

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: __/__/____

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?): 2214 Ballance Farm Rd | City: St Pauls | State: NC | Zip Code: 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 Date | X | Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Tabitha	Denise	

Home Address (NC Residential Address.)	City	State	Zip Code
316 Cherokee St.	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 3133	Pembroke	NC	28372

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Ondone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/24/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Tabitha	Denise	

Home Address (NC Residential Address.)	City	State	Zip Code
316 Cherokee St.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 3133	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as ~~*Unaffiliated*~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

11/23/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Sweat	Mindy		

Home Address (NC Residential Address): 405 D Meadowwoods Circle

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-536-7316

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-10-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Leak	Carlton		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature

X _____ Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

heck your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bullard	Celeste	Nicole		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
207 Warren St	

City	State	Zip Code	City
Red Springs	NC	28377	

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard	Celeste	Nicole	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
207 Warren St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Instructions

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10 30 18 *(Date)* X _____ _____ *(Date)*

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on May 8, 18 (Election Date)

Voter Information

Last Name	First Name	Middle Name
McBryde	Frederick	Lee

Home Address (NC Residential Address.)	City	State	Zip Code
401 1/2 6th Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
401 1/2 6th Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 6, 18 (Date) X (Date)

[redacted] ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
MC Bryde	Frederick	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
4012 6th Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4012 6th Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2178 Doc 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
McBryde	Foster	Tyrone	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
139 Johnson Street					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
139 Johnson Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-9-18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cummings	Samuel		

Home Address (NC Residential Address.): 8393 Deep Branch Rd Apt. 103

Mailing Address (if different than home address.):

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/8/18 (Date) X (Date)

v.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CANADY	MARJORIE	JOYCE	

Home Address (NC Residential Address.)	City	State	Zip Code
201 S. SENECA ST., APT. A2	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
201 S. Seneca St A-3	Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) 10-3-18 *Date*

Signature of Near Relative/Guardian (if applicable) X _____ *Date*

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

State Absentee Ballot Request 2018

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McQueen	Eric	Donnell	[redacted]

Home Address (NC Residential Address.): 501 East 14th st Apt A

City: Lumberton | **State**: NC | **Zip Code**: 28358

Mailing Address (If different than home address.)

City | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | **Previous Name** (if applicable)

Voter Registration No. (Optional) | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/10/18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2482 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Tew	Angelia	Yvette	[redacted]	

Home Address (NC Residential Address.)	City	State	Zip Code
213 Phillips Ave.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	(910)843-2138	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
213 Phillips Ave.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Gennet Black

☐ spouse ☒ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 213 Phillips Ave.

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Red Springs	NC	28377	(910)843-2138	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Gennet Black

Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089

robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Mc Phail	Brenda	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
Westgate Terrace Apt 2D	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX-X[redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Westgate Terrace Apt 2D			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 5, 18 X

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McPhaul	Brenda	Ann	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2D Westgate Terrace	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
401½ 6th Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on May 8 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brown	James	Freddie		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
128 Haywood St	Red Springs	NC	28377

Mailing Address (If different than home address.) — City

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
128 Haywood St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 4-28-18 (Date)

Signature of Near Relative/Legal Guardian (if applicable) X (Date)

[redacted]gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Buie	Deonna	Lachae	

Home Address (NC Residential Address.): 126 Johnson Street

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

9/4/2018
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Patterson	Bryant	Jerome	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
113 Bue st	113 Bue st

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Options	910-776-2611	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/23/18	X	

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	~~General~~ Charquez	Gambino	

Home Address (NC Residential Address.)	City	State	Zip Code
130 Liberia St	Fairmont	NC	28340

Mailing Address (if different than home address.)	City	State	Zip Code
400 Markham St APT [illegible]	Atlanta	Ga	30313

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Fulton	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9/10/18 (Date) X _____ (Date)

[redacted].gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name*	First Name*	Middle Name*	Suffix
Fields	Tierra	Lynn	

Home Address (No Residential Address?)*	State*	Zip Code*
801 Pine St Apt L		
City*	NC	28372
Pembroke		

Mailing Address (if different than home address.)	State	Zip Code
City		

County of Residence*	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/04/18 X
Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Coleman	Usha	Jaquail	

Home Address (NC Residential Address.): 3010 Bakersfield Dr

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: ☐ Mail ☐ Fax ☐ Email
(Military/Overseas Voters Only)

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

07/31/18 X 07/31/18

Date Date

.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Kelly	Janell	Caroline	

Home Address (NC Residential Address.)	City	State	Zip Code
606 East 3rd Street	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 674-8631	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18 Date — X _____ Date

E.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Casey	L	

Home Address (NC Residential Address.): 311 Sanchez RD lot 18
City: Lumberton State: NC Zip Code: 28358
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence

Previous Name (if applicable)

Voter Registration No.

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-17-18 X
Date Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Cummings	Randy	Ray	

Home Address (NC Residential Address.)	City	State	Zip Code
129 Suggs Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | Previous Name (if applicable)

Voter Registration No. None | Phone (optional) | Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 9-4-18

Signature of Near Relative/Guardian (if applicable) X Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Chavis	Wade	Junior	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
803 Pine St # Apt-E	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
803 Pine St. Apt. E	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/18 X
Date Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV. 6. 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS	WADE	J	

Home Address (NC Residential Address.)	City	State	Zip Code
803 PINE ST., # APT-E	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

~~Absentee Mailing Address~~ (Where should the ballot be mailed?)	City	State	Zip Code
803 Pine St. Apt. E.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email

Name of Corporation (If appointed legal guardian)

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]
10/2/18 *Date*

Signature of Near Relative/Guardian (if applicable)
X *Date*

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Mclellan	Chester		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
703 S. Walnut St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

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☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date _____ Date _____

.gov to check your voter registration or absentee voting status.

V2013.11

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McArthur	Ashanso	Lee	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
405 S. Canal St.	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]	Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

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☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9/25/18 X

Date

heck your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Feliciano	Alanna	Nianne	

Home Address (NC Residential Address.)	City	State	Zip Code
2361 Locklear Road	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 3404	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
Charlotte, NC 28231
[redacted] FAX: 704-319-9733
[redacted]@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on NOV 6-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Faison	April	Lynette	

Home Address (NC Residential Address.): 2203 Hedgepath Ave

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted] Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
MOORE	JOSHUA	DWAYNE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3161 HAMPSTEAD RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000501353		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Vanessa Moore

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
3161 Hampstead Road				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton	NC	28360	910 618-9863	Vanessan_moore@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Dwight D. Eisenhower
Unit 100236 Box 759

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☒ Email

Fax Number or Email Address
joshua_moore@yahoo.com joshua.moore@cvn69.navy.mil

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Vanessa Moore 4/24/18
Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suf
SINGLETARY	KATLYN	DENISE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
174 OAKWOOD HEIGHTS DR	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000501386		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 802 E. Woodcroft Parkway Apt. 2623 | City Durham | State NC | Zip Code 27713

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Carla Singletary
☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 174 Oakwood Heights Dr. | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X Carla Singletary Date _____

SBE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Candice	M	

Home Address (NC Residential Address.)	City	State	Zip Code
221 Spruce St	Lumberton	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code
	Pembroke	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/19/18 X _____ _____
Date Date

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Little	Brianna		

Home Address (NC Residential Address.)	City	State	Zip Code
642 Derwood Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
		brianna.j.little@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO box 603	Franklin Springs	GA	30639

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/12/2018 Date — X — Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Brooks	Makayla	Nicole	

Home Address (NC Residential Address.): 49 Stanley Street

Mailing Address (If different than home address.)

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/10/18 Date X _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Moore	Ronald			[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
1487 Locklear Rd.	

City	State	Zip Code	City	State
Pembroke	NC	28372		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No If "No," indicate the date of your move: ____/____/____	County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Original		

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/28/18 Date	X ____ Date

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Victoria	Crystal	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2155 Mt. Zion Ch Rd	PO BOX 583

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

State of North Carolina Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbce@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Miller	Adam	Lynn	

Home Address (NC Residential Address)	City	State	Zip Code
737 Roberts Av.	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Sep 09 2018 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Edge	Howard	Steven	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
721 Madison St	Fairmon	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
721 Madison St	Fairmont	NC	28340

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-17-2018 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MCNEILL	MARIE	BULLARD	

Home Address (NC Residential Address.)	City	State	Zip Code
89 DARRELL DR.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional): 733-7441

Email (optional): n/a

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
89 Darrell Drive	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

09/28/18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All for this AREA. *Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov. *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
ARTHURS	MICHELLE	ROXANNE	

Home Address (NC Residential Address.)	City	State	Zip Code
505A HENDERSON ST.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

...ter Registration No.	Phone (optional)	Email (optional)
Optional	910-916-5354	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
505 Apt A Henderson St.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9-28-18. X Date

Signature of Near Relative/Guardian (if applicable) Date

...gov to check your voter registration or absentee voting status.

...RSE FOR ADDITIONAL INFORMATION

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hardin	Chuck		

Home Address (NC Residential Address.): 187 TRUCK In

Mailing Address (if different than home address.):

City	State	Zip Code
Shannon	NC	28386

City	State	Zip Code
		[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: [redacted]

Phone (optional): 8433528

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] Date X _____ Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type) on Nov. 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
MAUNEY	SUSAN	AMANDA	—

Home Address (NC Residential Address.)	City	State	Zip Code
30 SINGLETARY CHURCH RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
Same	Same	Same	

County of Residence	Previous Name (if applicable)
Robeson	N/A

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 374-5691	susiemauney38@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
30 Singletary Church Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility: N/A

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter: 10/16/18 (Date) Signature of Near Relative/Guardian (if applicable): X N/A — N/A (Date)

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Mary		

Home Address (NC Residential Address.): 404 Holly St

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Unsure

Phone (optional): 910-258-2981

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9-06-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Carroll-Febo	Jasmine	La'Niece	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2567 Ballance Farm Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
Same	Same	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)

Same	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

7/4/18 (Date) X _____ (Date)

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Sanderson	Christopher	Ivan	

Home Address (NC Residential Address.): 4862 Hwy 710N

City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (If different than home address.):

City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (If applicable)

[redacted] 8/07/18 (Date) X _____ (Date)

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~General~~ General on NOV 6 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GOODMAN	ESTHER	S	

Home Address (NC Residential Address.)	City	State	Zip Code
514 W. 17TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted]

ter Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 10/3/2018 Date

Signature of Near Relative/Guardian (if applicable) X Date

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 2017 of 2021

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Smith	Tavasio	L		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 W Leach St	

City	State	Zip Code	City	State
Rowland	NC	28383		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-27-18 Date	X Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Davis	Darrick	Wayne	

Home Address (NC Residential Address.)	City	State	Zip Code
181 Clarington Court	Lumber Bridge	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/23/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HILL	MERLYN	ESTELLE	

Home Address (NC Residential Address.)	City	State	Zip Code
217 MOUNT TABOR RD., # APT-106	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
217 Mt. Tabor Rd. apt. 106	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (or authorized witness)

X [redacted] 9-30-18

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312702281 NC8W1079646 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WHITEHEAD	CHRISTINE	LOCKLEAR	

Home Address (NC Residential Address.)	City	State	Zip Code
497 LYNDSEY LN.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
Same	Shannon	NC.	28386

County of Residence	Previous Name (If applicable)
Robeson	Christine L. WHITEHEAD

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
497 Lyndsey LN	Shannon	N.C.	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)

10-11-18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Barnes	Terry		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
107 Hayes St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Sig[redacted]

8-9-18 (Date)

Signature of Near Relative/ Guardian (if applicable)

X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/06/18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Blue	DeQuesha	Idalis	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
404 hwy 130 west	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
404 hwy 130 West	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Moore	Jazmin	Chicora		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1487 Lochlear Rd.	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/28/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted] E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on NOV 6 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
WALKER	JENNETTE	HAMMONDS	

Home Address (NC Residential Address.)	City	State	Zip Code
768 HANCOCK RD.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-734-2003	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
768 Hancock Rd	Shannon	NC	28386

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X _____ Oct 1 2018 (Date)

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33312703379 NC8W1098236 IVNC

State of North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Isaiah	Colvin	

Home Address (NC Residential Address.): 828 Ballance Farm Rd
City: St. Pauls | State: NC | Zip Code: 28384
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Sign[redacted]
X

Signature of Near Relative/Guardian (if applicable)
X _____ Date

voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	D
PREVATTE	JIMMY	ALTON	SR	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
100 DEUCE DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)
[redacted]	

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Jimmy A. PREVATTE SR	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Jimmy (First) A Alton (Middle) PREVATTE (Last) SR (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
100 DEUCE DR.	

City	State	Zip Code	Requestor's Phone	Requestor's Email
LUMBERTON	NC	28358	910 738 2558	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33192175811 NC8W1032149 CVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Amber	Renee	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
316 Cherokee St.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 3133	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No. | Phone (optional) | Email (optional)

None

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/27/18 X

Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bell	Tiffany	N		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
~~[redacted]~~ 203 East 2nd St.	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O.Box 3302	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (If applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/28/18	X	

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Fields III	Adam		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
203 East 2nd St.	P.O. Box 3360

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter 8/28/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Spegal	Kyle	Robert	

Home Address (NC Residential Address.)	City	State	Zip Code
1384 Council Road	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

ter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-751-1200	krspegal@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1820 TRAILWOOD DR BLDG 3531 APT # 201C	Raleigh	NC	27606

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

10/15/2018
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Banks	Pamela		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
803 N Water St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson Coun	

Voter Registration No.	Phone (optional)	Email (optional)
	9102145942	pamban51@aol.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
825 Indiana Ave, Unit A203	Indianapolis	IN	46202

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

10/25/2018 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BANKS	ANDREA	WRIGHT	

Home Address (NC Residential Address.)	City	State	Zip Code
568 E. MCDONALD RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
568 E. McDonald Rd	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Darron		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
608 Morro Street	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X [signature] 08/[redacted]/18 (Date)

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JONES	LA RENDA	~~RENDA~~ [illegible]	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1187 N. ROBERTS AVE., APT. M3					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1187 N. Roberts Ave M3,	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name _____
(First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

Date X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Valderramos	Jose	Mc dardo	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
186 Pinto Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
186 PINTO DR	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] Date X Date

ot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
Fyalas	Dakota	Cheyanne	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2865 Hwy 711	Lumberton	N.C	28360

Mailing Address (If different than home address.)	City	State	Zip Code
2865 Hwy 711			

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2865 Hwy 711	Lumberton	N.C	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/14/18 X

Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS	KEITH	DWAYNE	

Home Address (NC Residential Address.)	City	State	Zip Code
6870 IONA CHURCH RD.	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
	Fairmont	NC	28340

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-640-3449	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6870 Iona Church Road	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Sampson	Chelsea	N		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
110 Oxendine	

City	State	Zip Code	City	State
Lumberton	NC			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/24/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Opitz	Nancy	V hilt		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
192 Greenview Dr	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date X Date

llot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
E.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Ozemline	Brian	Keith	

Home Address (NC Residential Address)	City	State	Zip Code
863 Martin rd	fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

Mailing Address (if different than home address.)	City	State	Zip Code
863 Martin rd	fairmont	N.C	28340

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9-5-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE N.C. GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Terry	Sara	Magalyn	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
846 Bowman Road	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
435 Poplar Hill Rd.	Fayetteville	NC	28312

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

October 30, 2018 X
Date

Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GERALD	WILLA	MELISSA	

Home Address (NC Residential Address.)	City	State	Zip Code
533 E. 21ST ST., # APT.9	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 533 East 21st St. Apt #9

City: Lumberton **State:** NC **Zip Code:** 28358

If voter is registered ~~as~~ *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only)

Date 10/4/18

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
Charlotte, NC 28231
[redacted]
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Melvin	Melodie	L.	

Home Address (NC Residential Address.): 3700-B Woodcliff Dr.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	917-981-1107	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Lodklear	Lisa	Mene	

Home Address (NC Residential Address)			Mailing Address (If different than home address.)		
8969 Rennert Rd			458 P.O Box		
City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28386	Shannon	NC	28386

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-366-4906	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Harris	Caleb	Tyrik	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
506 E. 8th ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 284	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	9104050112	Caleb Harris

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/23/18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov. 6-2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
TURNER	WILLIE	EARL	JR

Home Address (NC Residential Address.)	City	State	Zip Code
1642 HARDIN RD.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

oter Registration No.	Phone (optional)	Email (optional)
(Optional) 04/014	910-736-9694	willieturnerjr@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1642 Hardin Rd	Lumberton	NC	28358

If voter is registered as ~~*Unaffiliated*~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 9-26-18 (Date)

Signature of Near Relative/Guardian (if applicable)
X _____ (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
MAIDENE	AUSTIN	MATTHEW	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5208 FLYNN DR	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
~~203A~~			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000504022		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
~~203A~~ 1110-203B Carlton Avenue	Raleigh	NC	27606

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Jennie Maidene

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
5208 Flynn Drive	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28360	(910) 258-6076	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Jennie Maidene Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard	Rheyanna	Tashae	

Home Address (NC Residential Address.): 1209 Lowery Street
City: Lumberton **State**: NC **Zip Code**: 28358
[redacted] Yes ☐ No

Mailing Address (if different than home address.)
City **State** **Zip Code**

County of Residence **Previous Name** (if applicable)

Voter Registration No. (Optional) **Phone** (optional) **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) **City** **State** **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address **Name of Corporation** (If appointed legal guardian)

City **State** **Zip Code** **Requestor's Phone** **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV 6 - 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	LENA	OXENDINE	

Home Address (NC Residential Address.)	City	State	Zip Code
6142 CHICKEN RD.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6142 N. Chicken Rd.	Lumberton	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ _____
Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
faircloth	Crystal	A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
406 Council Rd	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

8/29/18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbce@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Haynes	Ron	D.	

Home Address (NC Residential Address)	City	State	Zip Code
41 DeWitt Drive	Pembroke	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 734-8013	Rhay3rd@Gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-6-18 X _____
Date Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moody	Bernadette		

Home Address (NC Residential Address): 310 Clifford Dr Rhodhiss

Mailing Address (if different than home address.): Same

City	State	Zip Code
Rhodhiss	NC	28588

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910.802.4088	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] _____ Date X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Revels	Ronnie	Dale	

Home Address (NC Residential Address.): 70 mission Church Rd

Mailing Address (if different than home address.):

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence:

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/3/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
ORTIZ	JANET	ESTELLE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1604 BALLANCE FARM RD	ST PAULS	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
1604 Ballance Farm Rd.	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000504493	(910) 703-6059	X

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1604 Ballance Farm Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/31/18 X Raymond Dwight Mason 7/31/18
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Kay	Zyla		

Home Address (NC Residential Address.): 710 McKay St

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: [redacted]

Voter Registration No.: Unsure

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?): 710 McKay St

City	State	Zip Code
Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 18-12-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Allenray	R.	

Home Address (NC Residential Address.): 841 Kite Rd.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robes	

Voter Registration No.	Phone (optional)	Email (optional)
On file		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Application

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Lowery Jr	Perry		M

Home Address (NC Residential Address.): 3080 Bakersfield Dr.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7-31-18 X

Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 6 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
ROZIER	TRAMAINE	SHAUNDEL	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
PO BOX 83					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
SAINT PAULS	NC	28384			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
18508 Rollingside Dr	South Chesterfield	VA	23834

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 2018/10/24 *Date*

Signature of Near Relative/Guardian (if applicable) X _____ *Date*

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ivey	Lisa	Joy	

Home Address (NC Residential Address.)	City	State	Zip Code
210 W 21 St	Lumberton	NC	28358

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ 9-10-18 X _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Rodriguez	Kathy	J	

Home Address (NC Residential Address.): 432 Meadowwoods Circle
City: Fayetteville State: NC Zip Code: 28340

Mailing Address (If different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (If applicable)

Voter Registration No. (Optional)
Phone (optional): 910-225-0152
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X [signature] K.R (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Ross	Lasha	Graham	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
110 Thompson St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted] SSN X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

8-18-18 (Date) X _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[illegible] Application/Notice/Form

[illegible]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: ~~Dan McCready~~ General on 11/6/18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ross	Lasha		

Home Address (NC Residential Address.): 110 Thompson St

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

...ter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

...gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018. (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
McLEAN	TREMELIA		

Home Address (NC Residential Address): 403 Market Street

City: Fairmont State: NC Zip Code: 28340

Mailing Address (if different than home address.)

City State Zip Code

[redacted] ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City State Zip Code

Requestor's Phone: 910-624-0899

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/4/18 X

Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Lewis	Jasmine		

Home Address (NC Residential Address.)	City	State	Zip Code
655 St James Cir	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

01-31-2018 X
Date Date

.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Application

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Prevatte	Marlo		

Home Address (NC Residential Address.)	City	State	Zip Code
681 Wild Wing Drive	Lumberton	NC	28371

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/2/2018 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

RECEIVED APR 27 2018

[redacted]

TO: WATAUGA COUNTY BOARD OF ELECTIONS
P. O. BOX 528
BOONE, NC 28607

PHONE: 828-265-8061 FAX: 828-265-8068
matthew.snyder@watgov.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Norton	Mary	Grace	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4932 White Oak Drive	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone	Email
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
800 N. Walnut St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

OR Signature of Near Relative/Legal Guardian (if applicable)

4/27/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Allen	Marlon	Ernest	JR	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
101 W Church St	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 1029	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
101 W Church St	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Marlon (First) Ernest (Middle) Allen (Last) III (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
PO Box 787 / 569 Fork Rd	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Norwood	NC	28128	336 480 4852	TRALLEN@Hotmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	
10-13-18 Date	X Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

*Last Name	*First Name	*Middle Name	Suffix
Oxendine	Adrianna	Jade	

*Residence Address (NC Residential Address)			Mailing Address (if different than home address.)		
905 Brookfield Drive					
*City	*State	*Zip Code	City	State	Zip Code
Pembroke	NC	28372			

[redacted] *Registered more than 30 days? ☒ Yes ☐ No

*County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

10/4/18 X _____
Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	JAQUAN		

Home Address (NC Residential Address): 517 Quail Run Rd
Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/7/18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Anderson	Lamel	Rayvan		[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
2562 Oxendine School rd	

City	State	Zip Code	City	State
Maxton	NC	28364	Max	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

Voter Registration No.: [redacted]

Phone (optional): 910-9184153 / 918-4153

Email (optional):

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 8-24-18 Date

Signature of Near Relative/Guardian (if applicable): X _____ Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bowers	Dubois	Wellington		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St.	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

4-3018 X

Date Signature of Near Relative/Legal Guardian (if applicable) Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffi
Gibson	Alesha	Tamaa	

Home Address (NC Residential Address.)	City	State	Zip Code
210 East 8th Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
210 East 8th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Cyril	Jean	Jacmel	

Home Address (NC Residential Address.)	City	State	Zip Code
501 E 16th Street	Lumberton	NC	28355

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	561-727-5225	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

08/08/18 (Date) X _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hammonds	Peggy	Ann		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3772 McQueen Road	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State
[redacted]		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
none		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 09-3-18

Signature of Near Relative/Guardian (if applicable) X Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
WINTERHAWK	JAREL	BRUCE	

Home Address (NC Residential Address.)	City	State	Zip Code
396 GERALD RD.	FAIRMONT	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
396 Gerald Rd	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

8-25-18
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
McNair	Tasia	Victoria	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
305 Myrtle Court					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			
Have you lived at this address for more than 30 days? ☑ Yes ☐ No			**County of Residence** Robeson	**Previous Name** (if applicable)	
[redacted]			**Voter Registration No.** Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

10/23/18 X _____

Date Date

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Haleigh	Noel	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
708 Brookfield drive	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-2-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

2278 of 2821

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Zangana	Suhaila	Latif	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
202 McArthur St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Options

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/24/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Brewer	Tyler		

Home Address (NC Residential Address)	City	State	Zip Code
4073 Moss Neck Rd.	Pembroke	NC	28372

Mailing Address (if different than home address)	City	State	Zip Code
PO Box 2956	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as ~~*Unaffiliated*~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/6/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Clarke	Meson		

Home Address (NC Residential Address.): 722 Pleasant Hope Dr

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence | **Previous Name** (if applicable)

Voter Registration No.: Oregone | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 3/4/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
FERGUSON	RONALD	LEE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
6223 old whiteville Rd.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6223 old whiteville Rd	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

7 Sept 2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~MUNICIPAL ELECTION~~ Primary (2a) on ~~11/07/2017~~ May 2018 (2b)
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
FERGUSON	RONALD	LEE	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
6223 Old Whiteville Rd	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6223 Old Whiteville Rd	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

20 DEC 2017 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
ABOUAMARA	MOLINA		

Home Address (NC Residential Address)			Mailing Address (if different than home address.)		
201 W 19th ST					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X _____ Date

w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOWE	MELBA	WESTON	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 1901	LUMBERTON	NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
801 Winona Ave	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) — Date 10-9-18

Signature of Near Relative/Guardian (if applicable) — X — Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
HILLIKER	JAMES	RICHARD	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
339 SHANNON RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000506070		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
339 Shannon Rd	Lton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

X [redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date _____

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
HILLIKER	MAXINE		

Home Address (NC Residential Address.)	City	State	Zip Code
339 SHANNON RD	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000506071		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
339 Shannon Rd	Lton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Hendricks	John	William		

Home Address (NC Residential Address.): 103 Rosewood Dr
City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (If different than home address.): 173 N Knoll Rd
City: Southern Pines, NC | State: NC | Zip Code: 28387

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?): 103 Rosewood Dr
City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) Mary (Middle) Ruffle (Last) Hendricks (Suffix)

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 103 Rosewood Dr
City: Lumberton | State: NC | Zip Code: 28358

Name of Corporation (If appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X Mary R Hendricks 10/29/18
Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Callahan	James	Austin		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
530 Twin Barn Road	Orrum	NC	28369

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: XXX - XX - [redacted]

Voter Registration No.: Optional

Phone (optional): (910)733-9644

Email (optional): acallahan126@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
635 Cotanche Street Apt. 620	Greenville	NC	27858

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/15/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611 7255
PHONE: 1 866-522-4723 FAX:
elections.uboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Statewide Primary Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on May 8, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date
Callahan	James	Austin		[redacted]

Home Address (NC Residential Address)	City	State	Zip Code
530 Twin Barn Road	Orrum	NC	28369

Mailing Address (if different than home address.)	City	State	Zip

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: __/__/__

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.:

Phone (optional): 9107339644

Email (optional): acallahan126@gma

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
530 Twin Barn Road	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partis

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ N

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax
[redacted]	Fax Number or Email Address

Signature of Near Relative/Guardian (if appli

4/12/18

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State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	S[redacted]
Cottrell	Kelli	Nicole	

Home Address (NC Residential Address.)	City	State	Zip Code
521 E 2nd Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
601 S. College Rd, UNCW Station CB#21058	Wilmington	NC	28403

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-4-18 Date X Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Cruz Martinez	Yanet		

Home Address (NC Residential Address.): 451 McBridge Road

City	State	Zip Code
Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 451 McBridge Road

City	State	Zip Code
Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 *(Date)* X _____ _____ *(Date)*

[redacted]

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Nelson	Sean	Clement	

Home Address (NC Residential Address.)	City	State	Zip Code
408 W. Railroad St #32	Pembroke	NC	28372

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
(optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/3/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
DIAL	MALLORY	RENAE	[redacted]

Home Address (NC Residential Address.): 1123 GOINS RD

City	State	Zip Code
PEMBROKE	NC	28372

Mailing Address (If different than home address.): 1920 EXCHANGE DR APT 434

City	State	Zip Code
GREENVILLE	NC	278588455

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: 000000506134

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): * MAILING Add.

City	State	Zip Code
—	—	—

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Robin R. Dial

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☒ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1123 Goins Rd.

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Pembroke	NC	28372	(910)521-0767	dialfour@bellsouth.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date: _____ X Robin R. Dial Date: 10-26-18

BE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lester	Herman			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
55 Birdhouse Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 25	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Online	910 785-3646	

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/28/18	X	

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suf
Register	Peggy	Britt	[redacted]

Home Address (NC Residential Address.): 221 McKinnon Lane
City: St. Pauls | State: NC | Zip Code: 28384

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?): Same
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature
X [redacted]
Date

Signature of Near Relative/ Guardian (if applicable)
X 6-28-18
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Montiks	Matthew	Sebastian	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5 Stratford Lane	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** Nov. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	HAYES	ALAN	

Home Address (NC Residential Address.)	City	State	Zip Code
180 HAYES LOCKLEAR RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
180 Hayes Lochlear Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
			—	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10-2-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockcar	Victoria	Elizabeth	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
83616 HWY 710 North					
City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

[redacted] ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/24/18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockrear	Alexandria	Nicole	

Home Address (No Residential Address?)
83666 Hwy 710 North

Mailing Address (if different than home address.)

City	State	Zip Code
Red Springs	NC	28377

Will you be at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/04/18 X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on November 6 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
COMRIE	SABREA	RONNAY	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1201 E. 6TH ST.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1201 E. 6th St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Valerie (First) Belinda (Middle) Vann-Comrie (Last) (Suffix)

☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
1201 E. 6th St.			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-1-18 (Date)

Signature of Near Relative/Guardian (if applicable)

X Valerie Comrie 10-01-18 (Date)

NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
McNeeley	Austin	Acesa	[redacted]

Home Address (No Residential Address.): 2567 Ballance Farm Rd
City: Saint Pauls | State: NC | Zip Code: 28384

Mailing Address (If different than home address.): Same
City: Same | State: NC | Zip Code: 28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?): Same
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 7/4/18 (Date)

Signature of Near Relative/ Guardian (if applicable)

X _____ Date

www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brite	Montreal	Devial		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
211 phillips Avenue			211 phillips Avenue		
City	**State**	**Zip Code**	**City**	**State**	
Red springs	NC	28377	Red		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence | **Previous Name** (if applicable)

You must provide at least one identification number below. (or see instructions) [redacted] | **Voter Registration No.** Online | **Phone** (optional) 910-527-2596 | **Email** (optional)

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date

Signature of Near Relative/Guardian (if applicable) X Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~Primary~~ General (Election Type) on Nov - 6 - 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	JAMES	C	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2804 UNION CHAPEL RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)		
Voter Registration No.	**Phone (optional)**	**Email (optional)**	
Optional	910 4747121		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2804 Union Chapel RD	Pembroke	N.C	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only) Date

Signature of Near Relative/Guardian (if applicable)
X
Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
WORIAX	KERRI	LYNN	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 407	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10/11/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	PATRICIA	A	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1314 E. 6TH ST.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Si[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312676960 NC8W1033844 IVNC

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Magana	Marilyn	Emily	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
33 Payton Dr.	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/29/18	X	

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Freeman	Jasmine	Dominique	

Home Address (NC Residential Address.): 1050 Linchaw Rd Apt 4E

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

[redacted] ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional): (910)733-7886 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/10/18 (Date) X _____ Date

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Bullard	Resamarie	Eron	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1209 Lowery street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
1204 Jacobs Stre[redacted]	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]	Voter Registration No.	Phone (optional)	Email (optional)
	Undone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1204 Jacobs street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/24/18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
TOWNSEND	JESSICA	ELIZABETH	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1306 OAKRIDGE BLVD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

ter Registration No.: 0000507498

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
111 Friendly Dr. #758	Raleigh	NC	27607

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Suzanne J. Abbott

☐ spouse ☐ brother/sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1306 Oakridge Blvd

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	9104717181	sunflower314nc@aol.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X Suzanne J. Abbott — Date: 10-23-18

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
VILLA	ROBERTO	CAMPA	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
322 BLUE TICK DR.	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

09-27-18. Date

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Stephens	Elizabeth	Marie	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2210 Hedgpeth Court	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	28358

[redacted] Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 X _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State of North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Kayla		

Home Address (NC Residential Address.): 200 N. Morro St. Apt 62
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (optional)
Phone (optional): 910-298-3656
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/7/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	Timiya		

Home Address (NC Residential Address.): 169 ROBESON PINES RD
City: Fairmont State: NC Zip Code: 28340

Mailing Address (If different than home address.)
City State Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON
Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)
Phone (optional): 910-740-2801
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09/05/18 X
Date Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted]
[redacted] [redacted]
[redacted]@[redacted]countync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Gilligan	Jacqueline	M	

Home Address (NC Residential Address.)	City	State	Zip Code
20 Patterson Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910 416 4185	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 X _____
Date Date

[redacted]BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All *Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov. 6 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WEBER	ROGER	B	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 3724	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

oter Registration No. | Phone (optional) | Email (optional)

Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
POB 3724	PEMBROKE	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-28-18 Date

Signature of Near Relative/Guardian (if applicable) X

Date

SBE.gov to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

RECEIVED APR 27 2018

[redacted] Absentee Ballot Application

North Carolina

TO: WATAUGA COUNTY BOARD OF ELECTIONS
P. O. BOX 528
BOONE, NC 28607

PHONE: 828-265-8061 FAX: 828-265-8068
matthew.snyder@watgov.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election *(Election Type (Primary, General, Municipal, Special, etc.)* on May 8, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Sealy	Victoria	James	Ms

Home Address (NC Residential Address.)	City	State	Zip Code
296 Jenkins Rd.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: [redacted]

Previous Name (if applicable): [redacted]

oter Registration No.	Phone	Email
Optional	[redacted]	[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
800 N Walnut Street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

OR Signature of Near Relative/Legal Guardian (if applicable)

4/27/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Freeman	Dennis	Ray	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1165 Norment Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/24/18 X

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FAX: 910-671-3089

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Blue	Tyshia	Lashae		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
810 E 6th Ave	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-610-7987	tyshialashae@gmail.com

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/27/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Walker	Jada	D	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
205 East 6th ave					
City	State	Zip Code	City	State	Zip Code
Red Spring	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ 10-22-18 X _____
Date Date

...NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request (by Voter)

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Stanton	Leigh	Ann	

Home Address (NC Residential Address.)
12 Darnell Drive

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence
Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
(First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ _____
Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix	D
EARP	KIA	RA CHONNE		

Home Address (NC Residential Address.)	City	State	Zip Code
638 AMBERDALE WEST CIR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted]

er Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
638 Amberdale West Cir.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/29/18 (Date)

Signature of Near Relative/Guardian (if applicable) x (Date)

[redacted]

BE.gov to check your voter registration or absentee voting status.

[redacted]

SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Su
Mc Phaul	Matthew	Tanner	[redacted]

Home Address (NC Residential Address.): 1723 Hoke Rd

Mailing Address (If different than home address.)

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence | **Previous Name** (If applicable)

Voter Registration No.: Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 216 Durango Pl

City	State	Zip Code
Wilmington	NC	28403

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-21-18 (Date) X (Date)

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
BUTLER	MOLENA	REE	

Home Address (NC Residential Address.)	City	State	Zip Code
3031 OLD ALLENTON RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
same	Lumberton	N.C.	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional): 910 738-2721

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Lumberton 3031 Old Allenton Rd	Lton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9/28/55
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Britt-Hardin	Rita	Faye	

Home Address (NC Residential Address.)	City	State	Zip Code
803 North Water Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted] SSN: X - X X - [ ][ ][ ][ ]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted] 7/30/18 Date

Signature of Near Relative/ Guardian (if applicable): X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* on _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
hardin	Rita	Britt	

Home Address (NC Residential Address.)	City	State	Zip Code
803 N water St	lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter or [redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: [redacted] General *Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov. 6, 2018. *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Britt-Hardin	Rita		

Home Address (NC Residential Address.)
803 N Water St.

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
803 N Water St.

City	State	Zip Code
Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

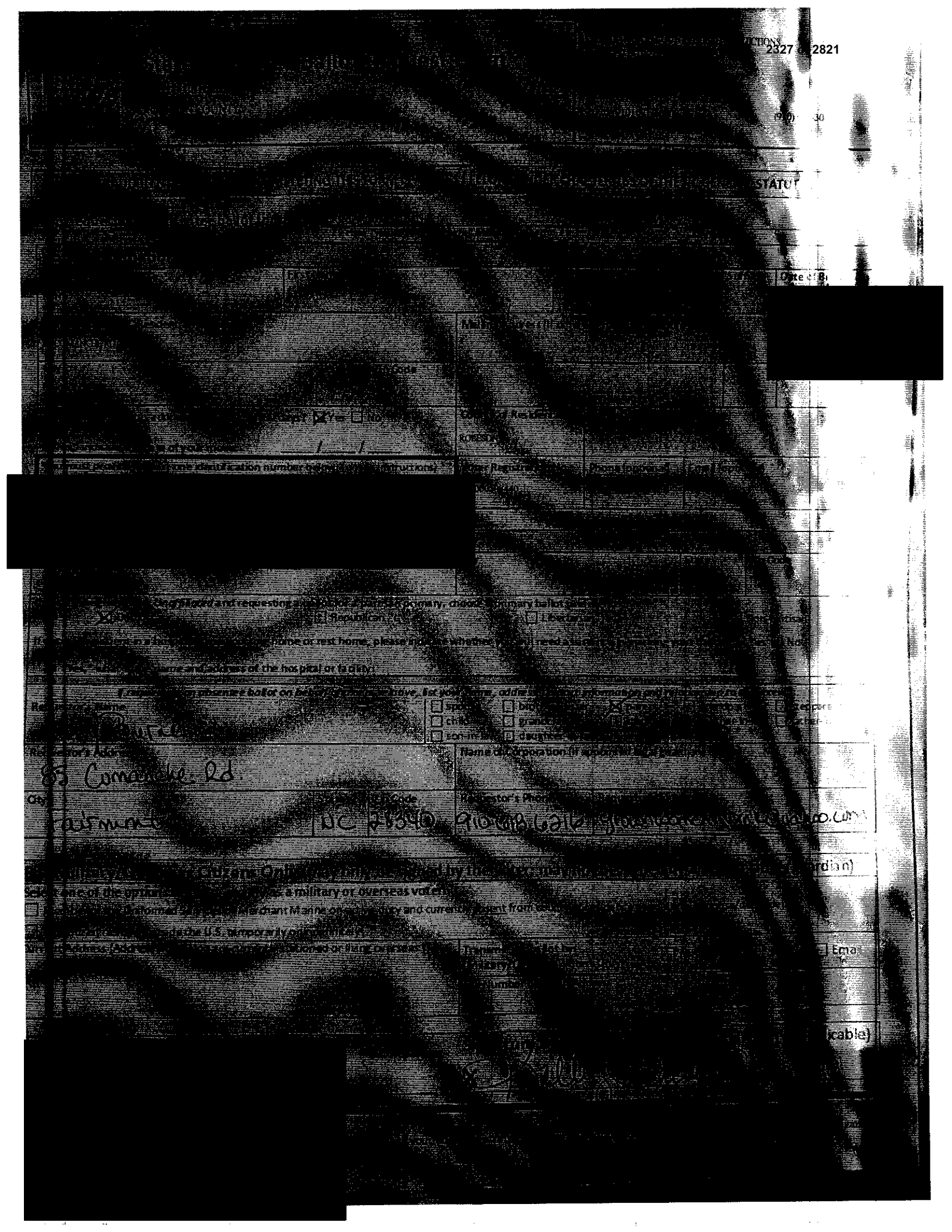
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Benjamin	Cynthia	Ruthenia	

Home Address (NC Residential Address.): 1130 Furman Drive B-6

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/18 X _____

Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Da*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Su
Brewington	Cessany	Brooke	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
283 Brisson Sand Rd	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
283 Brisson Sand Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

10/28/18 X
Date Date

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
SINGLETARY	ANTHONY	CRAIG	JR

Home Address (NC Residential Address.)	City	State	Zip Code
174 OAKWOOD HEIGHTS DR	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000508625		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
174 Oakwood Heights Dr.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Carla Singletary

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
174 Oakwood Heights Dr.			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X Carla Singletary Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Avalos	Alejandro		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
313 N green st	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-644-4808	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08-29-18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Ashford	DIANE		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
Apt # 15-D-Westgate Terr	

City	State	Zip Code	City	State	Zip Code
Red Spring	NC	28377	Red Spring	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-843-1258	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-22-18 X _____
Date Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Lunez Martinez	Khaisha		

Home Address (NC Residential Address.): 510 Godwin Ave

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)	

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/17/18 X _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JOSEPH	SYRIA	JUNIE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
58 FOXTROT RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
PARKTON	NC	28371			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) Date 09/26/18

Signature of Near Relative/Guardian (if applicable) X _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Belin	Dominique		

Home Address (NC Residential Address.): 709 Canal Street

Mailing Address (If different than home address.):

City	State	Zip Code
PAIRMONT	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (If applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
			910-544-8221	Belindominique130gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
~~Bullard~~ Bullard	Marshall	Bryant	

Home Address (NC Residential Address.)	City	State	Zip Code
752 Henry Berry Rd	Rowland	N.C.	28383

Have you lived in NC more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

09/05/18 (Date) X _____ (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
RAY	DIANNE		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 341	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-15-18 Date — X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Schmoekel	Julia	Cain	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
69 Berkshire Dr.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC	28384			

[redacted]

...ty of Residence	Previous Name (if applicable)	
...r Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
69 Berkshire Dr.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

...23/18 *Date* X *Date*

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
RAY	VICKIE	DENISE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
PO BOX 341	

City	State	Zip Code	City	State	Zip Code
SHANNON	NC	28386			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-843-5095	RayVickie40@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10-9-18
Date

Signature of Near Relative/Guardian (if applicable)
X None
Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: midterm *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
WATTS	WANDA	TURNER	

Home Address (NC Residential Address.)	City	State	Zip Code
9858 OLD WHITEVILLE RD.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 9858 Old Whiteville Rd | City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10-2-18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Brown	Kimberly	Denise	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
204 Benton Court	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
204 Benton Court	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/28/2018 X
Date

Date

ov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Maili
PO
Lum

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GEN

I am requesting an absentee ballot for the: Primary on 5-8-
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name	First Name	Middle Name
Adams	Heather	Lynn

Home Address (NC Residential Address.)	City	State	Zip Code
37 Corner Oaks Ln	Saint Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

Mailing Address (If different than home address.)	City	County of Residence	Previous Name (if applicab

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State
Same as above		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballo

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationshi

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grar
☐ child ☐ grandchild ☐ stepchild ☐ mot
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spou

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

[redacted]

Sig

X [redacted] 4/10/18 (Date)

Signature of Near Relative/Legal G

X

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Miller	Holly	A	

Home Address (NC Residential Address.): 863 Marietta Rd

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
STEPHENS	MARC	DANIEL	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
401 WINONA AVE.	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

ter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
401 Winona Ave.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Wanda (First) I. (Middle) Stephens (Last) Mrs. (Suffix)

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
401 Winona Ave			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton	NC	28358	910-738-2843	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/6/18 (Date)

Signature of Near Relative/Guardian (if applicable) X Wanda I Stephens 10/6/18 (Date)

BE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Shaffer	Tracey	Ann	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
167 Teds Rd.	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Rob. Co.

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/12/18 X

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hunt	James	DeVan		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
	Pembroke	N.C.	28372

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unknown		

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-29-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Kemp	Sequoia	Symone	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
134 Cascien Dr.	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional): 910 551 6218

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 08/27/2018 Date

Signature of Near Relative/Guardian (if applicable) Date

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hernandez	Sirley	Graciela		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
205 South Hickory St	Rowland	NC	28383

Mailing Address (if different than home address.)	City	State	Zip Code
P.O. Box 776	Rowland	NC	28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: Online

Phone (optional): (910)258 4460

Email (optional):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 8-27-18 Date

Signature of Near Relative/Guardian (if applicable): X _____ Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
FORD	HAZEL	L	

Home Address (NC Residential Address.)	City	State	Zip Code
124 DEER STAND DR.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 2451	Lumberton	N.C.	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

09-29-18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Melvin	Jacob	Alexander	

Home Address (NC Residential Address.): 515A East 10th St

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-19-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Locklear	Margaret	Lois		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
38 Bertha Jones Road	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-806-6277	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

8/10-18 Date

Signature of Near Relative/Guardian (If applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV. 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
BAKER	GILES	J	

Home Address (NC Residential Address.)	City	State	Zip Code
108 WILLIAMS ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	310-387-8243	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 WILLIAMS ST.	LUMBERTON	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 9-30-2018

Signature of Near Relative/Guardian (if applicable) X _____ Date _____

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CLARK	VICTORIA	GWEN	

Home Address (NC Residential Address.)	City	State	Zip Code
644 SANDERSON RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

SBE.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Davenport	Dai-Ja	Ayel	

Home Address (NC Residential Address.): 101 Pembroke Pointe

Mailing Address (If different than home address.):

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18 (Date) X _____ (Date)

[redacted].gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
King	Sordine	Gabriella	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
5107 one University					
City	State	Zip Code	City	State	Zip Code
Pembroke	N.C	28372			

[redacted]

County of Residence	Previous Name (if applicable)	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/2/18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All *(Election Type (Primary, General, Municipal, Special, etc.))* on All *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
COLOSIMO	JANELLE	JOY	

Home Address (NC Residential Address.)	City	State	Zip Code
117 STIRLING DR.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code
(same)			

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
117 Stirling Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: N/A

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name N/A *(First) (Middle) (Last) (Suffix)*

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: N/A

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) — Date

Signature of Near Relative/Guardian (if applicable) X — Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suff
PITTMAN	JAMES	KEVIN	

Home Address (NC Residential Address.)	City	State	Zip Code
242 JEREMY DR	LUMBERTON	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
PO BOX 354	LUMBERTON	NC	28359

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000510397		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Po Box 354	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

(If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Anita Allen Pittman
☒ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: PO Box 354
Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28359	9104810508	anita.pittman@protectiveagency.c

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

10-28-18 (Date)

Signature of Near Relative/Legal Guardian (if applicable)

X [signature] 10/28/18 (Date)

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Makayla	Quinn	

Home Address (NC Residential Address)	City	State	Zip Code
2500 Bridgers Rd	Rowland	NC	28383

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/4/18 X _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Hunt	Gerald		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
5701 N Fayetteville Rd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
[redacted]		

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name						
	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent	
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law	
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian			

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date _____

[redacted] your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTION 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Teague	Dawn	Denise	[redacted]	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
427 Ander Rd	

City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6.5.18 Date

X

Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

V2018.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	COREY	AUSTIN	

Home Address (NC Residential Address.)	City	State	Zip Code
21 WD. LOCKLEAR RD.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-2-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	JAMES	H	JR

Home Address (NC Residential Address.)	City	State	Zip Code
86 BROOKS DR.	MAXTON	NC	28364

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional): 844-2086

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 86 BROOKS DR. | City: MAXTON | State: NC | Zip Code: 28364

If voter is registered ~~as Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312699110 NC8W1052096 IVNC

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCCRAY	ROY		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
40 MILL BRANCH RD.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No	County of Residence	Previous Name (If applicable)
[redacted]		

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	
9-28-18 Date	X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCCALLUM	JAMES	ARTHUR	JR

Home Address (NC Residential Address.)	City	State	Zip Code
151 BONK DR Lot 99	Lumberton	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Robeson County Board of Elections	PO Box 2159 Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Voter Date 10-5-18 X

Signature of Near Relative/Guardian (if applicable) _____ Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33140688568 NC8W5016476 CVNC

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV 6 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
NOFTZ	KIRA	ANNE	

Home Address (NC Residential Address.)	City	State	Zip Code
806 CHASON ROAD	LUMBER BRIDGE	NC	28357

Mailing Address (If different than home address.)	City	State	Zip Code
SCHUETZEN STRASSE [redacted]	FRANKFURT a.M.		60311

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
GERMANY	

Voter Registration No.	Phone (optional)	Email (optional)
5108805		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SCHUETZEN STRASSE 2A	FRANKFURT MAIN		60311

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☒ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
SCHUETZEN STRASSE 2A 60311 FRANKFURT MAIN	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

OCT 3 2018 X
Date

Date

8E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMMONDS	KYLIE	N	

Home Address (NC Residential Address.)	City	State	Zip Code
220 WINTERGREEN DR., STE. A	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
220 Wintergreen Dr, STE-A	Lumberton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of [redacted]

10.3.18
Date

Signature of Near Relative/Guardian (if applicable)

X _____
Date

[redacted] CSBE.gov to check your voter registration or absentee voting status.

[redacted] RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov. 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
ANENE	CHARLES	AZUBUIKE	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
605 YORKSHIRE PL.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
605 Yorkshire Place, Dr	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

Date X Date

.gov to check your voter registration or absentee voting status.

[redacted] RSE FOR ADDITIONAL INFORMATION

State of North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Francis	Kaelyn	Alekzanndra	

Home Address (NC Residential Address.)	City	State	Zip Code
BOX 5591 University Dr	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
BOX 5591 University Dr	Rembrabe	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
USA	

Voter Registration No.	Phone (optional)	Email (optional)
(optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/2/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Baker	Lois	M	Ms

Home Address (NC Residential Address): 502 Cherry Lane
City: Lumberton State: NC Zip Code: 28358
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional): 910 674-3109 | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter _____ Date

Signature of Near Relative/Guardian (if applicable) X 10/10/18 Date

[redacted]

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mahar	Lyric	Lee		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
258 Lakewood Dr	Maxton	NC	28364

Mailing Address (if different than home address.)	City	State
P.O BOX 392	Maxton	NC

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	(910)845-8235	

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (vo[redacted] 08/30/2018 **Signature of Near Relative/Guardian** (if applicable)

Date Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
LEWIS	SANDRA	THRIFT	

Home Address (NC Residential Address.)	City	State	Zip Code
170 BOONE RD.	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional): 610-5058

Email (optional): sandra.Lewis@robeson.k12.nc.us

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
170 Boone Road	Lumberton	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

9-29-18 (Date) X

Signature of Near Relative/Guardian (if applicable) (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Brown	Jacquassia	Lenay		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
201 Malpass Ave	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

[redacted]

City	State	Zip Code
201 Malpass Ave	Red Springs	NC 28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

5-1-18 (Date) X (Date)

.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Perez	Michael	A.	

Home Address (NC Residential Address.)	City	State	Zip Code
102 Howard Street	Pembroke	NC	~~28378~~ 28372

Mailing Address (If different than home address.)	City	State	Zip Code
102 Howard Street	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/2/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
ALEXANDER	TERRY	RALPH	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
432 WAGON LOOP RD	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000511220		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
351 W University Blvd, c/o USF	Cedar City	UT	84720

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4.10.18 Date — X _____ Date

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
OXENDINE	SABRINA	GODWIN		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
73 TWILIGHT LN.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
FAIRMONT	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)	
[redacted]		
[redacted]ter Registration No. Optional	**Phone (optional)** 910-405-4711	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
9-29-18 Date	X _____ Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
BARRIOS	ADOLFO	D.	JR

Home Address (NC Residential Address.): 306 E 17th STREET

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	718 4985790	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/18/18 (Date) X (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary. *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Caple	Donald		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1555 Willis Ave.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.)*) **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	[redacted]
MCNEILL	MAVIS		

Home Address (NC Residential Address.)	City	State	Zip Code
310 E WARDELL DR	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000511324		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
310 E Wardell Dr.	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/18/18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Terry	Ann	Ms

Home Address (NC Residential Address.)	City	State	Zip Code
141 Berkshire Dr.	St. Pauls	N.C.	

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
141 Berkshire Dr.	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name					
	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian		

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 6/7/2018 *Date*

Signature of Near Relative/Legal Guardian (if applicable) X *Date*

Absentee Ballot Request (by Mail)

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Terry	Ann	A

Home Address (NC Residential Address): 141 Berkshire Dr.
City: St. Pauls | State: NC | Zip Code: 28384

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No.
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/7/2018X
Date

Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Ledbetter	Haley		

Home Address (NC Residential Address.)	City	State	Zip Code
103 Pembroke Point Ln. Apt. 2A-1	Pembroke	NC	28372

Mailing Address (If different than home address.) | City | State | Zip Code

[redacted] have lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (If applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/3 X _____ Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-06-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffi
Williams	Taylor		

Home Address (NC Residential Address.)	City	State	Zip Code
2901 Pleasant Hope Rd.	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2901 Pleasant Hope Rd.	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

Sept. 05 (Date) X (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 2383 of 2824

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Oxendine	Taylor	Marie		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
75 Remer Drive	

City	State	Zip Code	City	State
Pembroke	NC	28372		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Online	910-775-9262	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8-28-18 (Date)	X (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	S
McGirt	Doris	Ann	M

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
732 Iona Church Road					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
		dmcgirt@medicalsci.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☒ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☒ Email
Wachaustrasse 13 Neustift AUSTRIA A-3123	Fax Number or Email Address dmcgirt@medicalsci.com

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-11-2018 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Terry	Doreatha			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
208 Mount Tabor Rd	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	
8-24-2018 (Date)	(Date)

E.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER G.S. 163-275 OF THE N.C. GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Alexcia	Jaleen	Ms.

Home Address (NC Residential Address.)	City	State	Zip Code
1204 Saxon Ave	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

ter Registration No.	Phone (optional)	Email (optional)
0005115794	9103010780	thompsonalexcia@gmail.com

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3636 Pleasant Avenue	Minneapolis	MN	55409

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (first) (middle) (last) (suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/8/2018 (Date) X (Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Su
PARKER	SHIRLEY	ANN	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1301 E FOURTH AVE					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
RED SPRINGS	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)	
ROBESON		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
000000511625		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Breeden	Michael		

Home Address (NC Residential Address.): 577 Quail [redacted]
City: Lumberton State: NC Zip Code: 28358
[redacted] ☑ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First / Middle / Last / Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

[redacted] 9-5-18 (Date) X _____ (Date)

...w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on NOV. 6 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GOLDSTON	CHELSEY	MEGAN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
30 DENAE DR., APT. A	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (If applicable)

[redacted]

r Registration No. Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
30 DENAE DR, APT A	PEMBROKE	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Voter (voter only)

10.5.18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
AUNG	MAY		

Home Address (NC Residential Address.)	City	State	Zip Code
1312 PATTON ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1312 Patton. St.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (Voter only)

10/14/2018 *Date*

Signature of Near Relative/Guardian (if applicable)

X

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on [redacted] 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Peppers SR	CHARLIE	NONE	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
618 E 7th St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 (Date) X _____ (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080
ROBESON.boe@ncsbe.gov

(910) 671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 05/08/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
LOCKLEAR	CHELSEA	ROSE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3549 W CARTHAGE RD	LUMBERTON	NC	28360

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

You must provide at least one identification

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000511911		

Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardia

Select one of the options below to qualify as a military or overseas voter:

☒ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

852 [redacted] FAIRVIEW RD COLONADO CA 92155

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☒ E

Fax Number or Email Address

FUTUREAILOR17@ICLOUD.COM

[redacted]

Signature of Near Relative/Legal Guardian (if appli

30APR18 Date

X

Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McDuffie	Mary	Helen	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
307 n Walnut	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (if applicable)
[redacted]	Voter Registration No. Oregone	Phone (optional) 843 845 4903 / Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 9-5-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
WILLOUGHBY	ROSA LEE		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1000 WESLEY PINES RD # 182-2W	

City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
ROBESON		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
000000512079		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/25/18 X

Date Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Willoughby	Rosa Lee		

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Leonard	Raymond	Harold		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
213 Phillips Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

[redacted]	City	State	Zip Code
213 Phillips Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

5-1-18 X

Date Date

heck your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Monroe	Delita		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
228 East 5th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 203	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Wilson	DeneTria		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
205 S. Railroad ST.	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
205 S. Railroad Street	Rowland	N.C.	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
10-13-18	X
Date	Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Davis	Dyseau			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
401 Cottage St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-739-8212	

	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9/6/18	X	

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Marshall	Shannice		

Home Address (NC Residential Address.): 412 Linden St.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. [redacted]
Phone (optional): 910-542-1449
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-5-18 (Date) X (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Nakayla	D	

Home Address (NC Residential Address.)	City	State	Zip Code
5414 Fodiesville rd	Shannon	NC	28386

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code
PO 5414 Fodiesville rd	Shannon	NC	28386

County of Residence	Previous Name (if applicable)
Robeson	Nakayla Jones

Voter Registration No.	Phone (optional)	Email (optional)
(optional)	910374 7855	—

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 X _____
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Paul	Linda	Sue	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
426 Birtie Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358	Lumberton	NC	

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-15-25 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Jimmie		

Home Address (NC Residential Address.)	City	State	Zip Code
801 Pine St Apt N	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Ondone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
801 Pine St Apt N	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-21-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
HUNT	JIMMIE	N/A	

Home Address (NC Residential Address.): 801 PINE St. APT N
City: PEMBROKE | State: N.C. | Zip Code: 28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.):
City | State | Zip Code

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional): 668-1213 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-6-2018 X Jimmie Hunt
Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 2405 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McLean	Rosetta			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
707	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
707 E. Rockingham	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Unknown		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8/23/18	X	

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lewis	Joyce			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
136 Ralph Hunt Blvd	

City	State	Zip Code	City	State	Zip Code
Orrum	NC	28369			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional): 910-316-8080

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Date: 9/6/18

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Wilbons Williams	Shawanda	Lamette		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
160 carriage hill ct.	

City	State	Zip Code	City	State
Parkton	NC	28371		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.: Online

Phone (optional): 910 446-4245

Email (optional):

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)		Signature of Near Relative/Guardian (if applicable)	
[redacted]	08-28-18	X Shawanda Wilbons	08-28-18
	Date		Date

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6th, 2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix	D[redacted]
MEDLIN	DIXON	TYLER		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
538 DERWOOD RD.					
City	State	Zip Code	City	State	Zip Code
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
obeson	

[redacted]er Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
538 Derwood Rd.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/18/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X (Date)

E.gov to check your voter registration or absentee voting status.

SE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
ARROYO	LUCILA		

Home Address (NC Residential Address.)	City	State	Zip Code
275 HENDRYX RD.	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
275 Hendryx Dr.	Red. Springs	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 7051938	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☒ U.S. citizen residing outside the U.S. temporarily or indefinitely U.S. CITIZEN

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-10-2018 Date X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Baker	Jessica	J	

Home Address (NC Residential Address.)	City	State	Zip Code
5126 Hwy 130 W	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 829	Rowland	NC	28383

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date 8-27-18

E.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Page	Stephan	Terry	

Home Address (NC Residential Address.)	City	State	Zip Code
601 Crecent	Lumberton	NC	28358

Mailing Address (If different than home address.) | **City** | **State** | **Zip Code**

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-18 X _____ _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BROOKS	DANIEL	D	JR

Home Address (NC Residential Address.)	City	State	Zip Code
305 RILEY CIR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]ICSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Nance	Hunter	Blake	

Home Address (NC Residential Address): 3045 Pine log rd

Mailing Address (if different than home address.): 3045 Pine log rd

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted] ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) | Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-25-18 (Date) X _____ (Date)

ww.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Lupo	Lonn	S

Home Address (NC Residential Address.)	City	State	Zip Code
320 N. Fourth St.	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
same	same	same	same

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

06/21/2018X
Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 2018 Aug 2024

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Diggs	Desoney	Jamerl		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
362 E. Cottingham St.	

City	State	Zip Code	City	State
Maxton	NC	28364		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Unsure	910-890-9007	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outs[redacted]definitely

Current Address (Address w[redacted]ned or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter [redacted] 8/23/18 (Date)

Signature of Near Relative/Guardian (if applicable) X 8/ (Date)

[redacted]gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McMillan	Fatima	S		[redacted]

Home Address (NC Residential Address)	City	State	Zip Code
1903 Berry St	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/9/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Vasquez	Crystal		

Home Address (NC Residential Address.)
1308 McArthur st

City	State	Zip Code
Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		Vasquez1083@.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/17/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
M'Corry	DAVID	L EE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3094 S. Roberson Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State
	Rowland	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]	N/A	

[redacted]

ty	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/27/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Craig	Jeffrey	M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
211 Brooks Ave	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-24-18 Date

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
DEAN	ELAINE	M	

Home Address (NC Residential Address)	City	State	Zip Code
511 E 12ST	Lumberton	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/10/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Greiner	Abby	Ann		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
101 Church St.	

City	State	Zip Code	City	State
Red Spring	NC	28377		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Cirgone		

Absentee Mailing Address (Where should the Ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter

8/23/18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Tucker	Eliza	Jane	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
306 Camwood dr	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Sig[redacted]

8/27/18 (Date)

Signature of Near Relative/ Guardian (if applicable): X _____ Date

[redacted]CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Tucker	Eliza	Jane	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
306 Camwood dr	

City	State	Zip Code	City	State	Zip Code
Saint Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted] 8/27/18 (Date)

Signature of Near Relative/ Guardian (If applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS 2021

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Locklear	Dale			[redacted]

Home Address (NC Residential Address.): Robinwood Apt. 3P

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Oregon

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-23-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Allen	Dylan	Tyler		[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
2311 Deep Branch Rd	

City	State	Zip Code	City	State
Lumberton	NC	28360		

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

If "No," indicate the date of your move: 08/28/2018

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 08/29/18 (Date)	X (Date)

gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
White	William	Albert	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
311 E 4th St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/18/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Oxendine	Lindsey	Caroline		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
~~137 E~~ 8205 NC Hwy 71	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910 506 6401	

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 08/24/18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
McLaughlin	Sterling	Orlando	[redacted]

Home Address (NC Residential Address.): 7374 Gaddy's Mill

Mailing Address (If different than home address.):

City	State	Zip Code
Maxton	N.C	28364

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 319 Ave C, Apt 2B

City	State	Zip Code
New York	N.Y	10009

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

STATE BOARD OF ELECTIONS
SEP 18 2018

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/10/2018 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MORAZAN	JOHN	ARTHUR	

Home Address (NC Residential Address.)	City	State	Zip Code
38 FOREFATHERS DR., # A	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
38 A ForeFathers DR. Pembroke 28372	Pembroke	N.C.	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

10-1-18 **Signature of Near Relative/Guardian** (if applicable)
X _____ Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

VERSE FOR ADDITIONAL INFORMATION

[redacted] Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Dearman	Sharon	Kay	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1187 N. Roberts Ave. Apt. 52	Lumberton	N.C.	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ 10-25-18
Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Bobby	Dean	

Home Address (NC Residential Address.): 654 Goins Rd

Mailing Address (If different than home address.)

City	State	Zip Code
Pembroke	NC	28372

[redacted] ☑ Yes ☐ No

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: [redacted]

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 9/6/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

[redacted] County Board of Elections
[redacted]
[redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hicks	Minnie		

Home Address (NC Residential Address.): 1185 Furman Drive

City	State	Zip Code
Lumberton	N.C.	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE	Lton	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Minnie R Hicks

Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Morphis	Jessica		

Home Address (NC Residential Address.): 1789 W. Parkton Tobermory Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Parkton	NC	28371

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No.: Online

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8-29-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Thompson	Lula	Bell	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
117 Pine Hill Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
117 Pine Hill Rd.	St. Pauls	N.C.	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [redacted] (First) (MI) (Last) (Suffix)

☐ spouse ☑ brother (sister) ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: R Ms. Mattie P. Robinson
117 Pine Hill Rd.
Saint Pauls, NC 28384-1368

City [redacted] Zip Code [redacted]

Name of Corporation (If appointed legal guardian)

Requestor's Phone: 910-865-5423

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-24-18 (Date) X Mattie P. Robinson 10-24-18 (Date)

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on 11/20/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
HINES	JESSIE	MAE	

Home Address (NC Residential Address.)	City	State	Zip Code
405 SCOTLAND ST.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.): Same as mailing address

City	State	Zip Code

County of Residence: Robeson County

Previous Name (if applicable):

[redacted] ter Registration No. Optional

Phone (optional): 910 844-3516

Email (optional): jhines9108@outlook.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 405 Scotland St.

City	State	Zip Code
Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Joe (First) C. (Middle) Hines (Last) Jr. (Suffix)

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 405 Scotland Street

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Maxton	NC	28364		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted] 9/27/18 (Date)

Signature of Near Relative/Guardian (if applicable) X 9/27/18 (Date)

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Shamira	A.	

Home Address (NC Residential Address.): 1594 BEE GEE Rd

Mailing Address (If different than home address.): 1594 BEE GEE Rd

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
Lumberton	NC	28358

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
On done		

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-15-18 Date

X Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Nalijha		

Home Address (NC Residential Address): 434 Meadow woods Creele

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-574-6963

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 20[redacted] (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
ALMAZAN	OMAR		

Home Address (NC Residential Address.)	City	State	Zip Code
2 MEZA DR., # 4	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2730 wolf village way Unit 1511 wolf village Apartments	Raleigh	NC	27607

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/19/19 (Date) X (Signature of Near Relative/Guardian (if applicable)) (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC

I am requesting an absentee ballot for the: _____ on 05/0
Election Type (Primary, General, Municipal, Special, etc.) *Ele*

Voter Information

Last Name	First Name	Middle Name
Prather	Andrew	Devon

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
743 Chavis Rd	

City	State	Zip Code	City
Red Springs	NC	28377	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if appl

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	En
	XXX - XX -			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	Sta
743 Chavis Rd	Red Springs	N

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your b

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relation

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐
☐ child ☐ grandchild ☐ stepchild ☐
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a r

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible s

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

Sig[redacted] Signature of Near Relative/Legal

X [redacted] 4/12/18 X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Durden	Kenneth	Ray	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
725 N 5th St (Apt 5B)	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
725 N 5th St (Apt 5B)	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-27-18 X
Date Date

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lochlear	Taylor	Morgan	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
701 JR road	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-27-18	X	

.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on Nov 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
REVELS	ASA	ALENA	

Home Address (NC Residential Address.)	City	State	Zip Code
2114 MORGAN J RD.	SHANNON	NC	28386

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.) | City | State | Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2114 Morgan J. Rd | City: Shannon | State: NC | Zip Code: 28386

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ Date

[redacted] r registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312703927 NC8W1097396 IVNC

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Kent	Vicki	Lynn	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
4631 Independence Dr	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC Licen[redacted] SSN: X X X - X X - [ ][ ][ ][ ]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4631 Independence Dr	Lumberton		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

Date X Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Kassim	Hazem	Hameed	

Home Address (NC Residential Address.): 801 2nd St

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	N.C.	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

08/18/18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
JONSSON	TODD	MAURICE	

Home Address (NC Residential Address.)	City	State	Zip Code
2002 E. 7TH ST.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 2002 E. 7th STREET

City: LUMBERTON State: NC Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☒ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 10/4/2018 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Vazquez-Selph	Morris	Enoe

Home Address (NC Residential Address.)	City	State	Zip Code
2214 Ballance Farm Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2214 Ballance Farm Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 Date — X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Barfield	Carl	Rembert	

Home Address (NC Residential Address.)	City	State	Zip Code
28 Allen Dr.	Lumber Bridge	NC	28357

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
28 Allen Drive	Lumber Bridge	NC	28357

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/20/18 *Date* X _____ *Date*

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6th, 201[redacted] (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McPhaul	Daniel	Kade	

Home Address (NC Residential Address.)	City	State	Zip Code
1723 Hoke Road	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code
13940 Mallard Lake Road	Charlotte	NC	28262

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or [redacted])

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
13940 Mallard Lake Road	Charlotte	NC	28262

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10/30/18
Date

Signature of Near Relative/Guardian (If applicable)

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HONG BANH	LYNN	MY	

Home Address (NC Residential Address.)	City	State	Zip Code
4902 LIVE OAK LN.	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4902 Live Oak Ln.	Lumberton	NC.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

10-12-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
HONG	KEVIN	HOA	

Home Address (NC Residential Address.)	City	State	Zip Code
4902 LIVE OAK LN.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4902 Live oak Ln.	Lumberton	NC.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 10-12-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Worley	Stevie	Javon	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
83 Quail	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robe	

Voter Registration No.	Phone (optional)	Email (optional)
Undone		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

08/29/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 - - FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Mc Nair	~~Eat~~ ka Eula	mac	

Home Address (NC Residential Address.)	City	State	Zip Code
2215 Bailey Rd	Fairmont	NC	

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Ordona		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-15-18 Date

X Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Maynard	Leslie	Alison	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1206 S. Austin St	Same

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Unsure

Phone (optional): 910-585-7938

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-22-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Jimmy	Lee	Sr

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
131 Holly Lane	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted] SSN: X X - X X - [ ][ ][ ][ ]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 7/30/18 (Date)

Signature of Near Relative/ Guardian (If applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Parrent	Noelan	Mitchell	Mr.	

Home Address (NC Residential Address.)	City	State	Zip Code
5515 Regan Church Road	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
3300 Poinsett Hwy Furman PMB #29436	Greenville	SC	29613

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	n/a

You must provide at least one identification number below. (or see instructions).

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-785-29[illegible]	noelan.parrent@furman.edu

Address where you are registered to vote	City	State	Zip Code
3300 Poinsett Hwy Furman PMB #29436	Greenville	SC	29613

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ child ☐ son-in-law ☐ brother/sister ☐ grandchild ☐ daughter-in-law ☒ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law
Sonya R. Parrent	

Requestor's Address	Name of Corporation (if appointed legal guardian)
5515 Regan Church Road	n/a

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-258-1358	Sparrent72@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date: _____

X Sonya R. Parrent 10/22/18 (Date)

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Nickolas	Dylan	

Home Address (NC Residential Address.)	City	State	Zip Code
1294 DQuinn Rd.	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.) | City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

14/02/18 X _____
Date Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
STANKWYTCH LITTLE	EUNICE	DIANNE	

Home Address (NC Residential Address.)	City	State	Zip Code
4900 INDEPENDENCE DR # 29	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000515287		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
7226 Channel Lane	Clinton	NC	28328

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [X] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted] Signature of Near Relative/Legal Guardian (if applicable)

[redacted] X _____ Date _____ Date

[redacted]gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Meadows	MARY	A	

Home Address (NC Residential Address.): 1187 N Roberts Ave APT B2

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/25/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hammonds	Chyna	Ern aleeia		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
116 Caple St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Instructions

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
116 caple street	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/21/18 X _____
Date Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
COLON	CARMEN	BELEN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
319 N. PATTERSON ST.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
319 N Patterson St	maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-5-2018 (Date) X _____ (Date)

...CSBE.gov to check your voter registration or absentee voting status.

...RSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
AUSTIN	JAMES	DARRYL	

Home Address (NC Residential Address.)	City	State	Zip Code
302 MUNDY ST.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
302 Mundy Street	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9/30/18 Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

[redacted] Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
GRISSETT	TOMEKA		

Home Address (NC Residential Address): 407 H Meadowwoods Circle
City: Fairmont State: NC Zip Code: 28340

Mailing Address (if different than home address.)
City State Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON
Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)
Phone (optional): 910-738-2103
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

x 9-4-18
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
McBryde	Shamaine	Kerra

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
103 Maness St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
103 Maness St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

April 5, 18 X

Date

to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
McBryde	Shamaine	Kierra	

Home Address (NC Residential Address.): 103 Maness Street

Mailing Address (If different than home address.)

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 103 Maness Street

City	State	Zip Code
Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18 X
Date Date

to check your voter registration or absentee voting status.

[redacted] Ballot Request [redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Goins	Robert	Lewis	J[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
267 Path RD	267 Path RD

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

[redacted]ure of Near Relative/Guardian (if applicable)

10-15-18X
Date

Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McDowell	Myrtle	T ylor		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2302 Martin Luther King Jr Dr	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2302 Martin Luther King Jr. Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

10-24-18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
CSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (Election Type (Primary, General, Municipal, Special, etc.)) on May 8th 20 K (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McDowell	Myrtle	J.		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2302 Martin Luther King Jr. Drive	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2302 Martin Luther King Jr. Drive	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] X _____ Date

r voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
MCDOWELL	MYRTLE	TAYLOR	

Home Address (NC Residential Address.)
2302 MARTIN LUTHER KING JR DR.

City	State	Zip Code
LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-5-18
Date

X
Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
McLean	Wendell	Kevin	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
West Gate Terrace Apt 18B					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/22/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
THOMAS	JAMES	EDWARD	

Home Address (NC Residential Address.): 303 PECAN ST.

Mailing Address (If different than home address.):

City	State	Zip Code
LUMBERTON	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
303 PECAN St. ~~Lumberton~~	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) **Signature of Near Relative/Guardian** (if applicable)

9-28-2018 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
ARMSTRONG	LINWOOD		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
58 Buels Dr	

City	State	Zip Code	City	State	Zip Code
Oxford	NC	27565			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-3-18 X _____
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

[redacted] ERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-18.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McMillan	Terrance	Stewart	

Home Address (NC Residential Address.): 406 Sinclair st Apt F13

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-225-9820	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: ☐ Mail ☐ Fax ☐ Email
(Military/Overseas Voters Only)

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

SSN

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Radabough	Grace		

Home Address (NC Residential Address.)	City	State	Zip Code
5701 N Fayetteville Rd.	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McNeil	Ricky		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
703 S. Walnut St	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Niquisha		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
800 E White Pond Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Clinton	Lucius		

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
139 Acres Lane					
City	State	Zip Code	City	State	Zip Code
Orrum	NC	28369			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-374-5528	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First Middle Last Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 X (Date) 9-5 (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	Nia	Deanna Jamila	

Home Address (NC Residential Address.)	City	State	Zip Code
210 East 8th Ave	Red Springs		

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
210 East 8th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
Mc Bryde	Brenda	Diane

Home Address (NC Residential Address.)	City	State	Zip Code
109 East Brown Avenue	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
109 East Brown Avenue	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

April 6/18 *Date* X _____ *Date*

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	linda		

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
705 Holly st.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle(s)) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/17/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
ODUM	MARY	L	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1000 WESLEY PINES RD # 119L					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
ROBESON	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
0000515838		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 6, 18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffi
Mc Lean	Alexis	Shontell	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
109 East Brown Avenue					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
152 Mc Allister Circle	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-17-18	X	
Date		Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Melvin	Mazie			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
201 McManus Street	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	Stat

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Address Where Ballot Should Be Mailed	City	State	Zip Code
201 McManus Street	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 (Date) X (Date)

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Melvin	Mazie		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
207 McManus St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Mc Manus St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Melvin	James	Junior		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
201 McManus Street	Red Springs	NC	28377

Mailing Address (if different than home address.): City [redacted] State [redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No. Optional:

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 201 McManus St

City: Red Springs State: NC Zip Code: 28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City State Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18 (Date) X (Date)

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Melvin	James	Junior	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
201 McManus St					
City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
201 McManus St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 05-08-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Haywood	James	Weldon		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
215 East 5th Ave	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
215 East 5th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 (Date) X _____ (Date)

.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Haywood	James	Wildon	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
215 East 5th Ave					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. Optional	**Phone** (optional)	**Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
215 East 5th Ave	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 *Date* X _____ _____ *Date*

[redacted]BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal (Election Type (Primary, General, Municipal, Special, etc.)) on 5-8-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mclean	Gary			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
207 Warren	

City	State	Zip Code	City
Red Springs	NC	28377	

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
207 Warren St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffi
McLean	Gary		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
207 Warren St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	2			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Gary McLean	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 (Date) X _____ (Date)

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
THORNE	~~GINNILLE~~ Ginelle		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 HOPE LN	

City	State	Zip Code	City	State	Zip Code
RED SPRINGS	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000515971		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Stevens	George			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ child ☐ son-in-law ☐ brother /sister ☐ grandchild ☐ daughter-in-law ☐ parent ☐ stepchild ☐ legal guardian ☐ grandparent ☐ mother-in-law ☐ stepparent ☐ father-in-law

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

[redacted]E.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted] FAX: [redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McNutt	Bridget	Bianca	

Home Address (NC Residential Address.): 208 4th Street

Mailing Address (If different than home address.):

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-740-9486	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/3/2018 Date X Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
KNUTSEN	~~BARBRA~~ Barbara		

Home Address (NC Residential Address.)	City	State	Zip Code
104 HOPE LN	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
00000515985		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

03/21/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

[redacted] County Board of Elections
[redacted]
Charlotte, NC 28231
[redacted] FAX: 704-319-0722
[redacted]@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Webb	Michelle	Marie	

Home Address (NC Residential Address.): 803 S Pine St

Mailing Address (If different than home address.):

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/10/18 *(Date)* X *(Date)*

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Trompson	Malaysian	Brianna		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1102 st Austin street Apt 4A	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	1-843-535-1505	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9/22/18	X	

BE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on 05-08-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Bowers	Chassidy	Shontel	

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 X

Date Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

NOTICE: FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bowers	Chassidy	Shontel	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
140 Johnson St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-30-18 X
Date

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
SMITH	ROSA		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1102 E 10TH ST	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000516082		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-1-2018 X
Date Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
SMITH	ROSA	L	[redacted]

Home Address (NC Residential Address.): 1102 E 10TH ST

City	State	Zip Code
LUMBERTON	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: 000000516082

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1102 East 10th Street

City: Lumberton **State:** N.C **Zip Code:** 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4-3-2018 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Gibson	De'Shawn	Jabril	

Home Address (NC Residential Address.): 407 South Acton St

Mailing Address (If different than home address.):

City	State	Zip Code
Marion	NC	28752

City	State	Zip Code
Marion		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence

Previous Name (if applicable)

Voter Registration No.: Original

Phone (optional): 910-771-0159

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

22-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

ov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Burton	Calvin	Ricardo	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
520 E 8TH ST	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910	258-4067

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Deal	Ricky	Ray		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
736 Roberts ave	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 X
Date Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Angie		

Home Address (NC Residential Address)
728 E. 10th Street

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence
Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) **Phone** (optional) (910)316-8863 **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-10-2018 X
Date Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Walton	Setua		

Home Address (NC Residential Address): 800 E White Pond Apt C4

Mailing Address (If different than home address.)

City	State	Zip Code
Fairmont	N.C	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
800 E White Pond Rd Apt C4	Fairmont	N.C	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 9-16-18 X

Date Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Elroy	Moore		

Home Address (NC Residential Address.)	City	State	Zip Code
606 W Ave	Red Springs	NC	

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-24-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	Kimaya		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
701 N. Main St.	Fairmont	NC	28340

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional): 910-940-4104 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone: 910-740-4104 | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) | Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email | Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/7/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide Primary Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McKenzie	Kimberly	Paige	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
6204 NC Highway 20 West	

City	State	Zip Code	City	State	Zip Code
Lumber Bridge	NC	28357			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No.	**Phone** (optional)	**Email** (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
515 Hinton James Drive Room 306D	Chapel Hill	NC	27514

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/9/2018 Date X _____ Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKWOOD	YOLANDA	WALKER	

Home Address (NC Residential Address.)	City	State	Zip Code
1204 TOWNSENDS CHAPEL RD.	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1204 Townsend Chapel Road	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

S[redacted] 10/1/18
Date

Signature of Near Relative/Guardian (if applicable)
X
Date

[redacted].gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

North Carolina

[redacted] County Board of Elections
[redacted]
[redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
McRae	MaKayla	Taheelia	

Home Address (NC Residential Address.): 2110 Turner PL

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Zephier	Monique	Mary	7

Home Address (NC Residential Address): 733 Roberts Ave Apt B
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No.: Optional | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date 8-9-18 X _____ Date

[redacted]

E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
CHAVIS	CAROLYN	JEAN	

Home Address (NC Residential Address.)	City	State	Zip Code
1106 E. 9TH ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: (First) Luis (Middle) A (Last) Gil garcia

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
1106 E 9th St	None		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton	NC	28358	8455267987	Luis6691@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

to check your voter registration or absentee voting status.

[redacted]

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Wilcox	Mollie		

Home Address (NC Residential Address.)	City	State	Zip Code
4932 Pinedale Blvd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (If applicable)

10/23/2018 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McKenith	James	Anthony	[redacted]

Home Address (NC Residential Address.): 96 Robs rd.

Mailing Address (If different than home address.):

City	State	Zip Code
Rowland	NC	28383

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional): 910-633-6552

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/30/18 X

Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Su
LOCKlear	Vanessa	Rose	[redacted]

Home Address (NC Residential Address)

201A Roberts

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

10-15-2018 X

Signature of Near Relative/Guardian (if applicable) _____ Date

voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special,* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Merritt	Kayla	L	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
437 Tillman Cox Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Sig[redacted]

Date

Signature of Near Relative/ Guardian (If applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 12.1.22

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Daventae McBryde (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
McBryde	Daventae	Shaquan	[redacted]

Home Address (NC Residential Address.): 208 Brooke Ln.

City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (if different than home address.)

City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: __/__/____

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 208 Brooke Ln.

City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X Vicky Thompson

Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL GE Elections (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	DAVID	LEE	?

Home Address (NC Residential Address.)	City	State	Zip Code
41 POLO DR.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
41 Polo DR	Lumberton	N.C	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-29-18 (Date) X _____ (Date)

[redacted]ov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
CAMPBELL	TIMOTHY	LOWELL	M	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
139 Steed Cir	39 FK Rd.

City	State	Zip Code	City	State	Zip Code
Maxton NC	NC	28364	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Oregone

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 08-23-18 Date

Signature of Near Relative/Guardian (if applicable) X Date

[redacted].gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2519-F2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Watson	Ny'Kaylah	Aleeniah	[redacted]	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1516 Pleasant Hope Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Laurel Hall, Room #108 9201 University City Blvd	Charlotte	NC	28223-0001

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Jammy Chris Watson 4/26/18
Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
SMITH	JAMES	FORREST	

Home Address (NC Residential Address.)	City	State	Zip Code
2651 Gavintown Rd Apt 3D	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-734-6593	js482757@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-12-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Application
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Feliciano	Alaiya	Delane	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2361 locklear Road	PO 3404

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

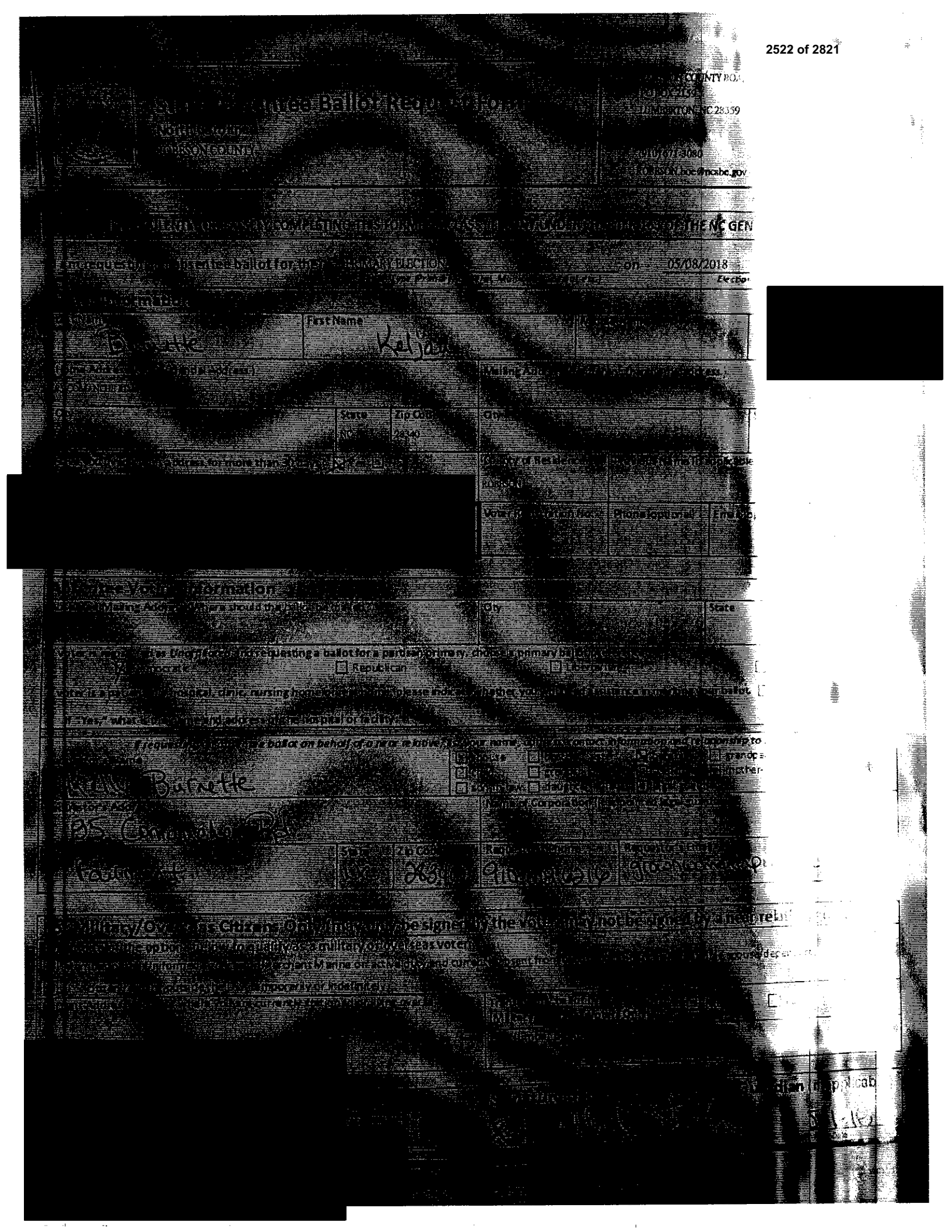
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

_____ Date X _____ Date

BE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Morrison	Timika	Lynn	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
4931 Pinedale Blvd.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/15/18 X _____

Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HARRIS	BRIAN	LARUE	

Home Address (NC Residential Address.)	City	State	Zip Code
131 BRITT RD.	SAINT PAULS	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
131 Britt Rd.	ST. PAULS	N.C	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S
Burch	Jordan	Isaiah	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
413 Jackson St	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
413 Jackson Street	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
413 Jackson St.	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/29/18 (Date) X Michelle Burch 10/29/18 (Date)

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ellis	Shaunna	Celeste	

Home Address (NC Residential Address.): 518 E 15th St Apt D

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	9107236040	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/18/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special,)* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Tanner	Eric	E		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
28 Grassy lane	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Nancy (First) Carter (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 28 Grassy Lane

City: St. Pauls State: NC Zip Code: 28384

Name of Corporation (if appointed legal guardian):

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): X _____ Date: _____

Signature of Near Relative/ Guardian (if applicable): X Nancy S Carter Date: 8-7-18

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hernandez	Queen	E	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
579 Bailey Road	Fairmont	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code
579 Bailey Road	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online	910-280-0804	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-16-2018 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Municipal *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Winningham	Brian	Keith	

Home Address (NC Residential Address.): 701 S Main St

Mailing Address (If different than home address.):

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

Voter Registration No.: 517030

Phone (optional): 9103746115

Email (optional): bkwinningham1@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 701 S. Main St

City: Fairmont **State:** NC **Zip Code:** 28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (If applicable)

10/5/2018 *Date* X _____ _____ *Date*

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McKenzie	Jeanette	M	

Home Address (NC Residential Address.)	City	State	Zip Code
137 Crestbrook Dr.	Parkton	NC	28371

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08-27-2018 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Gilmore	Santerrika		

Home Address (NC Residential Address.)	City	State	Zip Code
321 wiggins rd	Fa.r mont	Nc	28340

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-4-18 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cox	Lamar	D	

Home Address (NC Residential Address.)	City	State	Zip Code
721 E 8th St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910736[illegible]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18 (Date) X (Date)

[redacted]E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
Bethea	Jessica	Elizabeth	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
78 Comanche Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
78 Comanche Road	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 Date X _____ Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Colvin	Cecilia	Pearline	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1 University Drive Pine 432			1659		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Pembroke	NC	28372	Pembroke	NC	28372

[redacted] Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-734-0523	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

[redacted] is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10/3/18 (Date) X _____ (Signature of Near Relative/Guardian (if applicable)) _____ (Date)

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
CRAFT	LAKOTA	KIARA	

Home Address (NC Residential Address.)	City	State	Zip Code
9311 DEEP BRANCH ROAD	PEMBROKE	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
9311 DEEP BRANCH ROAD	PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Undone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

11/02/2020 Date

Signature of Near Relative/Guardian (if applicable)

X [signature] 8/15/19 Date

CSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Gilchrist	Julious	Reshaun	

Home Address (NC Residential Address.)	City	State	Zip Code
400 Caple St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
400 Caple St	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-258-4185	Juliousgilchrist@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
400 Caple St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

08/02/18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

[illegible] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jackson	Jakob	Channing	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2222 Tolarsville Rd	Lumberton	NC	28358

Mailing Address (if different than home address.): City / State / Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below: (or see instructions) [redacted]

Voter Registration No.: [redacted] Phone (optional): Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
0711B Hinton James, 515 Hinton James Drive	Chapel Hill	NC	27514

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Stacey Jackson Canady (First / Middle / Last / Suffix)

☐ spouse ☐ brother/sister ☒ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email
2222 Tolarsville Rd	Lumberton	NC	28358	9105368208	staceycanady3@gmail.com

Name of Corporation (if appointed legal guardian):

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) | Date | **Signature of Near Relative/Guardian** (if applicable) | Date

X | X Stacey Jackson Canady | 10-22-18

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Jada	Sheanae	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)		
1698 Red Branch Rd			
City / **State** / **Zip Code**	**City** / **State** / **Zip Code**		
Pembroke NC 28372			
Have you lived at this address for more than 30 days? ☑ Yes ☐ No	**County of Residence**	**Previous Name** (if applicable)	
[redacted]	**Voter Registration No.** Optional	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City / **State** / **Zip Code**	**Requestor's Phone**	**Requestor's Email**	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

6-15-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Leah	D	

Home Address (NC Residential Address.)	City	State	Zip Code
793 University Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
None		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/27/18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lowry	Blake	Chandler		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2709 Lowe road	Lumberton	N.C.	28372

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. 3702	Pembroke	N.C.	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

ty	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 7-4-18 Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

[redacted]

gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Mckinnon	Shalima	MaShal	F	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2706 Freedom Dr.			

Mailing Address (if different than home address.)	City	State	Zip Code
Same			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable): Kima

Voter Registration No.: [redacted]

Phone (optional): 910-316-1014

Email (optional):

Absentee Voting Instructions

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2706 Freedom Dr	Lum	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date 10/16/18 X _____ Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Walters	Hayley	Dawn		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
242 Oakwood Heights Dr	4454 Old Whiteville Rd [redacted]

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Ballot Information

Absentee Mailing Address (Where should the ballot be mailed?): 4454 Old Whiteville Rd

City: Lumberton **State:** NC **Zip Code:** 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: **State:** **Zip Code:**

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 (Date) X 10/22/18 (Date)

lot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Smith	Linnie Marie			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1210 S. Patterson St.	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
P.O. Box 962	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: [illegible]

Phone (optional): 910/633-6981

Email (optional): Godfaithful Forever@gmail

	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 8/23/18 (Date)

Signature of Near Relative/Guardian (if applicable): X _____ (Date)

.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2544 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary 2018 *(Election Type (Primary, General, Municipal, Special, etc.))* on 5/8/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Haywood	Charles	Lee		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1208 Eisenhower St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1208 Eisenhower St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name					
	☐ spouse	☐ brother /sister	☐ parent	☐ grandparent	☐ stepparent
	☐ child	☐ grandchild	☐ stepchild	☐ mother-in-law	☐ father-in-law
	☐ son-in-law	☐ daughter-in-law	☐ legal guardian		

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4/23/18 X

Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Sheridan	Maurice	E	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
504 2nd Street	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X 8-15-18

Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov-06-2018 (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
[illegible]	Uchenadu	Tamera	

Home Address (NC Residential Address)	City	State	Zip Code
207 Reagan Church Road	Lumberton	NC	28359

Mailing Address (if different than home address.)

City	State	Zip Code

[redacted] Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian (if applicable)**

Oct 2, 2018 (Date) X (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Simpson	Darius	C	

Home Address (NC Residential Address.)	City	State	Zip Code
234 Folly DR.	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Rob

Previous Name (if applicable):

[redacted]

Voter Registration No.: Options

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8-22-18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Wheeler	FRANCES	E	F

Home Address (NC Residential Address.): 7400-7 Deep Branch Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

Voter Registration No.: Online

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-19-18 Date — X — Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Zargana	Raynas	Adnan	[redacted]

Home Address (NC Residential Address.): 202 McArthur St

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8/24/18 Date

Signature of Near Relative/Guardian (if applicable)

X

Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]
Charlotte, NC 28231
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* on 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Halloway III	Bobby	Jac	III

Home Address (NC Residential Address.): 535 Spruce St

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Laurence	Taylor	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
3785 South Robeson Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	(910) 301-0004	Laurence0707000@icloud.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3785 South Robeson Rd	Rowland	NC	28383

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Laurence (First) Taylor (Middle) Oxendine (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☑ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
3785 South Robeson Rd	

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

4/27/18 (Date) X Laurence Oxendine 4/27/18 (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION (Election Type (Primary, General, Municipal, Special, etc.)) on 11/06/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suf
PITTMAN	TROY	MARTIN	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
242 JEREMY DR	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
P O BOX 354	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
000000517605		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 354	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Anita A. Pittman

☐ spouse ☐ brother /sister ☑ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
PO Box 354				
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton	NC	28359	910-740-3550	anita.pittman@protectivegroup.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

10/28/18 (Date)

Signature of Near Relative/Legal Guardian (if applicable)
X Anita Pittman 10/28/18 (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hardin	Jamie	Lee	

Home Address (NC Residential Address.): 101 Pembroke Pointe Ln Apt 115-D
City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. | **Phone** (optional) | **Email** (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | State | Zip Code | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

10/03/18
X _____ Date

voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Beard	Joe	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
16422 US Highway 301 N	Saint Pauls	NC	28384

Mailing Address (If different than home address.)

City	State	Zip Code

[redacted]

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-24-18 X _____

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Beard	Joe	Ann	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
16422 US Highway 301 N	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
16422 US Highway 301 N	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Campbell	James	Michael	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
572 W. Blue St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
572 W. Blue St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/21/18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on 5-8-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suff
Campbell	JAMES	Michael	S

Home Address (NC Residential Address.)	City	State	Zip Code
572 W. Blue St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
572 W. Blue St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/23/18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Dat*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Su
Bryant	Jessica	Faye	

Home Address (NC Residential Address.)	City	State	Zip Code
1048 Emma Jane Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
1048 Emma Jane Rd	Saint Pauls	NC	28384

[redacted]

County of Residence	Previous Name (If applicable)
Roberson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1048 Emma Jane Rd	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

05/21/2018 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suff
Boyd	Joseph	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
242 Applewood Rd.	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
242 Applewood Rd	Saint Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-21-18 X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Boyd	Joseph	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
242 Applewood Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
242 Applewood Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (If applicable)

3-21-18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bradford	Jared	Keith	

Home Address (NC Residential Address.): 2017 Russ Rd.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Registration No. (Optional):

Phone (optional): 9103010807

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/23/18 X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Dat*

Voter Information

Last Name	First Name	Middle Name	Su
Bradford	Justin	W	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
855 Brisson Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/21/18 X
Date Date

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special,)* on _____ *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Bradford	Justin	William	MR	

Home Address (NC Residential Address.)	City	State	Zip Code
855 Brisson Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature	Date	Signature of Near Relative/ Guardian (if applicable)	Date
[redacted]	3/23/18	X	

[redacted]E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pittman	Helen	Bowen	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
855 Brisson Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X _____
Date Date

[redacted]

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____.
Election Type (Primary, General, Municipal, Special, *Election Date*

Voter Information

[redacted]	First Name	[redacted]	[redacted]
Pittman	Helen	Bowen	Mrs

Home Address (No Residential Address.)			Mailing Address (If different than home address.)		
855 Brisson Rd					
City	[redacted]	[redacted]	City	State	Zip Code
St. Pauls	NC	28384			

[redacted] ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)	

[redacted]

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

[redacted]

Same as above

[redacted] ☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Sig[redacted] 3/23/18
Date

Signature of Near Relative/ Guardian (If applicable)

X _____ _____
Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suf
Bradford	michelle	Anne	M

Home Address (NC Residential Address.)	City	State	Zip Code
855 Brisson Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[redacted] 5/21/18 X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Bradford	Michelle	Anne	M

Home Address (NC Residential Address.)	City	State	Zip Code
855 Brisson Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

3/21/19 X _____
Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28302-2821

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Pelletier	Jessica	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
197 Applewood Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
197 Applewood Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/5/2018 X

Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pelletier	Jessica	Ann	

Residence Address (NC Residential Address.) *	Mailing Address (If different than home address.)		
197 Applewood Road			
City * / State * / Zip Code *	City	State	Zip Code
St. Pauls / NC / 28384			
[redacted]	County of Residence	Previous Name (if applicable)	
[redacted]	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City *	State *	Zip Code *
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City / State / Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

3/9/2018
Date

Signature of Near Relative/Legal Guardian (if applicable)
X _____ Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Pelletier	Jessica	Ann	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
197 Applewood Road					
City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)	
Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

3/9/2018
Date

Signature of Near Relative/Legal Guardian (if applicable)
X
Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suff
Pelletier	Jessica	Ann	

Residential Address (NC Residential Address.) *			Mailing Address (If different than home address.)		
197 Applewood Road					
City *	State *	Zip Code *	City	State	Zip Code
St. Pauls	NC	28384			

[redacted] Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
[redacted]		
Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City *	State *	Zip Code *
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

3/9/2018
Date

Signature of Near Relative/Legal Guardian (if applicable)
X _____ Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name*	First Name	Middle Name	Suff
Pelletier	Jessica	Ann	

Home Address (NC Residential Address.)*			Mailing Address (If different than home address.)		
197 Applewood Road					
City*	State*	Zip Code*	City	State	Zip Code
St. Pauls	NC	28384			
[redacted]			County of Residence	Previous Name (if applicable)	
[redacted]			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

3/9/2018
Date

Signature of Near Relative/Legal Guardian (if applicable)
X _____ Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted] McMahon	[redacted] DAVID	[redacted] CURRIE	[redacted]
[redacted] 177 Shaw Rd.		Mailing Address (If different than home address.)	
[redacted] St. Pauls	[redacted] NC	[redacted] 28384	[redacted]
[redacted] ☑ Yes ☐ No		County of Residence	Previous Name (if applicable)
[redacted]		Voter Registration No.	Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

[redacted] ☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

[redacted] Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2021

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Britt	Justin	Wayne	[redacted]	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
203 Monroe rd.	

City	State	Zip Code	City	State	Zip Code
Saint Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
203 Monroe Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

06/07/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted] Birth	Justin	Wayne	[redacted]
[redacted] 203 Monroe rd	**Mailing Address** (If different than home address.)		
St. Pauls	NC 28384	[redacted]	
[redacted]	**County of Residence**	**Previous Name** (if applicable)	
[redacted]	**Voter Registration No.**	**Phone** (optional)	**Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	**City**	**State**	**Zip Code**

[redacted] is registered as Unaffiliated and requesting a party ballot in a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			**Name of Corporation** (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	**Fax Number or Email Address**

[redacted] Date

Signature of Near Relative/Legal Guardian (If applicable)

X _____ Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF E[redacted]2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Ackerley	Athan	Arnold	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
197 Applewood Rd	

City	State	Zip Code	City	State	Zip Code
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
197 Applewood Rd.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-5-18 *(Date)* X _____ *(Date)*

w.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

[redacted]	Athan	Arnold	[redacted]
Ackerley			

[redacted] (Residential Address.)	Mailing Address (If different than home address.)		
2567 Ballance Farm Rd			
St. Pauls NC 28384	[redacted]	[redacted]	Zip [redacted]
[redacted]	County of Residence	Previous Name (if applicable)	
[redacted]	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

[redacted] as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-16-18 X _____
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FAX: 910-671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Anderson	Britain	A	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
330 Marion Road	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
Same	Same		

Have you lived at this address for more than 30 days? X Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18 *Date* X _____ _____ *Date*

State Absentee Ballot Request Form - North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary (*Election Type (Primary, General, Municipal, Special,*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Anderson	Brittany	Alyssa	MS	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
330 Marion Rd	

City	State	Zip Code	City	State
Saint Pauls	NC	28384		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No If "No," indicate the date of your move: ____/____/____	County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email Fax Number or Email Address
[redacted]	

[redacted] 04/20/91 Date

Signature of Near Relative/ Guardian (if applicable)
x _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
Patterson	Ashley	B	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1503 Townsend St.	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-20-18 X _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Beauregard	Jaken	Emanuel		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
613 east 3rd ave	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions) [redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 08/24/17 X	
Date	Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Bergstresser	Justin			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1402 Vance Drive	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
11457 19th Street	JBLM	WA	98433

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No. (Optional):

Phone (optional): 253-720-6752

Email (optional): justinbergstresser@icloud.com

Mailing Address (If different than home address.)	City	State	Zip Code
justinbergstresser@icloud.com	(Active duty Military)		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Jamie Wilkins

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1402 Vance Drive

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-785-2060	jamietwilkins@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☒ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☒ Email

Fax Number or Email Address: justinbergstresser@icloud.com

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____

X Jamie Wilkins 3-26-18
Date

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
McKethan	Sheik	Monquie		

Home Address (NC Residential Address.): 207 Brooke ln

City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (if different than home address.)

City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional): 910374-6020 | Email (optional): [illegible]35081.mckethan@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 207 Brooke ln | City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Jennifer Donnis Fulmore Beckham

☐ spouse ☒ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address: 1480 Kenny Biggs rd

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910 374-1091	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-6-2018 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lowry	Joshua	Wynn	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1059 Deese Rd	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
PO Box 1264	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Online	910 785-5373	

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X Sonya Lowry 8/27/18
Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
CUMMINGS	ED	DONALD	

Home Address (NC Residential Address.)
8393 DEEP BRANCH RD., APT. 140

City	State	Zip Code
PEMBROKE	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence | **Previous Name** (if applicable)

oter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 8393 DEEP BRANCH RD. APT. 140 | **City** PEMBROKE | **State** NC | **Zip Code** 28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ *Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.*

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) _____ Date

Signature of Near Relative/Guardian (if applicable) X _____ Date

SBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]
[redacted] FAX: [redacted]
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moody	Brejuan	J	

Home Address (NC Residential Address.): 406 Sinclair street NC

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	N.C	28358

City	State	Zip Code
Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference

☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)	

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 *Date* X _____ *Date*

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Davis	Merita		

Home Address (NC Residential Address.): 107 Fletcher Avenue

Mailing Address (if different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Cnone		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Voter (voter only): [redacted] 8/23/17 (Date)

Signature of Near Relative/Guardian (if applicable): X _____ (Date)

[redacted].gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Freeman	Alicia		

Home Address (NC Residential Address): 406 McGoogan St.
City: Red Springs | State: NC | Zip Code: 28377
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near-Relative/Guardian (if applicable)

[redacted] 10/29/2018 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suf
Locklear	Beauford		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
159 Barber Shop Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code
137 Barber Shop Rd	Lumberton	N.C.	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-521-9312	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
137 Barber Shop Rd.	Lumberton	N.C.	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-22-2018 (Date) X _____ (Date)

e ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Jones	Clonnie		M

Home Address (NC Residential Address.)	City	State	Zip Code
1224 Jr Rd	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-844-8636	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1224 JR Road	Maxton	N.C	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-23-18 X
Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.))* on May 8, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name
McDougald	Verlene	J

Home Address (NC Residential Address.)	City	State	Zip Code
415 Ridgeview Ridgefield	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	910 370-0179	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
415 Ridgeview	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Patricia McDougald

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
1000 Parkview Dr., Apt M2	

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	910-536-1465	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Patricia McDougald 4-10-18

Date

eck your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Patterson	Bradley	M	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
307 Mark Creek					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ 9-7-18 X _____
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
CASALE	SALVATORE		

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000518057		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name ☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (Voter Only)	Date	Signature of Near Relative/Legal Guardian (if applicable)	Date
X		X	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Salbatore	Casale		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

oter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ _____
Date

[redacted] registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jackson	Jakeisha	R	

Home Address (NC Residential Address.): 503 Benjamin Street

City: Fairmont | State: NC | Zip Code: 28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)

City | State | Zip Code

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional) | Phone (optional): 740-0151 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 503 Benjamin Street | City: Fairmont | State: NC | Zip Code: 28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

08-6-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] County Board of Elections

[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Thomas	Shatajah	Janay	

Home Address (NC Residential Address.): 406 Sinclair Street Apt 2D

Mailing Address (If different than home address.): Kshatajah@gmail.com

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	(910)614-1701	Kshatajah@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Roary	Dexter		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
4151	

City	State	Zip Code	City	State	Zip Code
Drum	NC	28336			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	**Transmit my ballot by:** (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email **Fax Number or Email Address**

[redacted]

Signature of Near Relative/Guardian (if applicable)

X 9-4-18
Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Revels	Lucille	Nicole	LR

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
113 Benton Ct	

City	State	Zip Code	City	State	Zip Code
Rowland	NC	28383			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 08.28.18 (Date)	X (Date)

[redacted] .gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NG GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ **on** _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffi
CRIBB	Raymond	C.	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1306 Godwin Ave	

City	State	Zip Code	City	State	Zip Code
Lumberton,	NC	28358			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ X _____ _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

[redacted] County Board of Elections
[redacted]
Charlotte, NC 28231
PHONE: 704-336-2133 FAX: 704-319-9722
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Thomas	Kezia	Loel-Jamin	

Home Address (NC Residential Address.): 2214 Hedgpeth cir

City	State	Zip Code
Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered ~~as Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 (Date) X _____ (Date)

[redacted]BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LUGO	DAHAIRA	ELIZABETH	

Home Address (NC Residential Address.)	City	State	Zip Code
222 RESA LOOP DR., # LT-47	LUMBERTON	NC	28358

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 222 Resa Loop Dr., #LT-47 | City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter

10-1-18. Date

Signature of Near Relative/Guardian (if applicable)

X Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
COLLINS	JAMES	BRIAN	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
353 LACY RD.	

City	State	Zip Code	City	State	Zip Code
MAXTON	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
353 Lacy Rd.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Signature of Near Relative/Guardian (if applicable)

10/1/18 X
Date

Date

[redacted] SBE.gov to check your voter registration or absentee voting status.

[redacted] ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hash	Joshua	Caleb	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
850 W Broad St					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Saint Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)	
Robeson		
Voter Registration No. Optional	**Phone (optional)**	**Email (optional)**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-21-18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF EL

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing
PO Bo
Lumb

PHONE: 910-671-3080
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENE

I am requesting an absentee ballot for the: Primary *Election Type (Primary, General, Municipal, Special, etc.)* on 5-8-18 *Election D*

Voter Information

Last Name	First Name	Middle Name
Hash	Joshua	Caleb

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
850 w Broad Street	

City	State	Zip Code	City
St Paul's	NC	28384	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (o
	X X X - X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State
Same as above		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☒ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grand
☐ child ☐ grandchild ☐ stepchild ☐ moth
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a nea

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spous

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Gu

4/12/18 Date

X

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC

I am requesting an absentee ballot for the: _____ on 05|0
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name	First Name	Middle Name
Chavis	Vilyn	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
743 Chavis Rd.	

City	State	Zip Code	City
Red Springs	NC	28377	

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if appli

You must provide at least one identification number below. (or see instructions).

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Em
	XXX - XX [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	Stat
743 Chavis Rd.	Red Springs	N

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your b

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relation

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ g
☐ child ☐ grandchild ☐ stepchild ☐ n
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a n

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible sp

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

Signature of Voter (voter only)		Signature of Near Relative/Legal
X [redacted]	4/12/18 Date	X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2
2606 of 2821

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC

I am requesting an absentee ballot for the: _____ on 05|0
Election Type (Primary, General, Municipal, Special, etc.) *Ele*

Voter Information

Last Name	First Name	Middle Name
Hardin	Harry	Truman

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
8552 old Red Springs Rd	743 Chavis Rd

City	State	Zip Code	City
Red Springs	NC	28377	Red Springs

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if appl
Robeson	

You must provide at least one identification number below. (or see instructions).

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Em
	XXX - X[redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	Sta
743 Chavis Rd	Red Springs	N

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your b

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relation

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ g
☐ child ☐ grandchild ☐ stepchild ☐ r
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a n

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible sp

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail
	Fax Number or Email Address

[redacted] Signature of Near Relative/Legal

4/12/18 X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm Congressional, 2nd on 11/6/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
BLACKMON	TYSON	TYSHODD	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 3694	LUMBERTON	NC	28359

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional): ~~910-738-4819~~ 910-738-4819

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): PO BOX 3694 | City: Lumberton | State: NC | Zip Code: 28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/3/2018 X
Date Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

33312682918 NC8W1043229 IVNC

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

RECEIVED
SEP 10 2018
Campaign Finance Office
NC State Board of Elections

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133
FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on _____ *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Leach	Louis	E	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
			1114 E St Apt 1		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
			Lumberton	NC	28358

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (If applicable)

8-23-18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Angelica	Ramirez	

Home Address (NC Residential Address.): 2235 Mt Zion Church Rd

Mailing Address (if different than home address.):

City	State	Zip Code
Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

Signature of Near Relative/Guardian (if applicable)

[redacted] 09/07/18 X _____
Date Date

[redacted] .NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
WORLEY	Stevie	L	

Home Address (NC Residential Address.): 1400 Martin Luther King Jr. Apt 37
City: Lumberton State: NC Zip Code: 28358

Mailing Address (If different than home address.)
City | State | Zip Code

[redacted]

Will be absent from county for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted]

9-6-18 (Date) X _____ (Date)

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Martinez	Tatyanna			

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
546 Quail Run Road	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (If applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email
			910-316-7033	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]	Signature of Near Relative/Guardian (if applicable)
8-31-18 Date	X Date

gov to check your voter registration or absentee voting status.

Absentee Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bailey	My'Keia	La'Shae	

Home Address (NC Residential Address.): 402 Beech Court

Mailing Address (If different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/18/18 X _____
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Farley	Michael	Dakota	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
316 Cherokee St.	P.O. Box 3133

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (If applicable)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

08/27/18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Arthur	Michael		

Home Address (NC Residential Address)	Mailing Address (If different than home address.)
106 Coppedge St	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Options		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
106 Coppedge St	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

6-29-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on NOV-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Leonard	Markeith	Lamont	

Home Address (NC Residential Address.): 1658 Britt RD
City: Saint Pauls | State: NC | Zip Code: 28384
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City | State | Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City | State | Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

09/10/18 (Date) X (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Legrand	Leron	Maurice	M

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
205 Bradshaw St. Apt. A	

City	State	Zip Code	City	State	Zip Code
Fairmont	N.C.	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence:

Previous Name (if applicable):

[redacted]

Voter Registration No.: Options

Phone (optional): 910-740-0[illegible]

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8-5-18
Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cox	Debra	Jean	

Home Address (NC Residential Address.)	City	State	Zip Code
714 Roberts Ave	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910 549 8317	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6th (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Muniz	Bonnie	Lou	

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
301 Meadow Rd. Lot 22	P.O. Box 2762

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	10/9/18	X	

...SBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	Mitchell	A	

Home Address (NC Residential Address.)	City	State	Zip Code
3992 Lovette RD	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-17-19 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Galbreath	Syna	P	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1218 Est MLK Jr Dr					
City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No.	**Phone (optional)**	**Email (optional)**

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ 10/03/18
Date

ur voter registration or absentee voting status.

V2019.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Deal	Alisha	Renee	

Home Address (NC Residential Address.): 95 Dexter Drive

Mailing Address (If different than home address.): P.O Box 1052

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018 X

Date Date

E.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
McDowell	Marquet		

Home Address (NC Residential Address): 504 McDaniel St.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (optional)
Phone (optional): 910-740-1744
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/17/18 (Date) X (Date)

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine	Akira		

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
248 TURKEY BRANCH RD	FAIRMONT	NC	28340

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (If applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/17/18 X
Date Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Coriana		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
911 Cottage St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/18/18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Mitchell	Melinda	H	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
99 Dogwood Church Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☑ Email
[redacted]	Fax Number or Email Address: MitchellMelinda51@gmail.com

Signature of Near Relative/Guardian (if applicable)

10/22/2018 X
Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Woods	Micheal	DWayne	

Home Address (NC Residential Address.)	City	State	Zip Code
753 Roberts AVE		NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
	Pembroke		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-6-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Addison	Quanasha		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
405 A Meadow woods Apt.	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional): 910-374-7268

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date: 9/7/18

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Ford	Vonita		

Home Address (NC Residential Address): 104 Ballpark Road

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence: ROBESON

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): 910-501-1069

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
HORNAL	MONICA	BROWN	

Home Address (NC Residential Address.)	City	State	Zip Code
203 E. ROCKINGHAM RD.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
203 East Rockingham Rd.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)
[redacted]oberson	

[redacted]oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
MONICA BROWN HORNAL	MAXTON	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

[redacted]

CSBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Marley	JeNell	M.		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
505 1st Street G204	

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372			

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

[redacted]

8/30/18 Date

Signature of Near Relative/Guardian (if applicable)

Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* **on** Nov. 06, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Oxendine-Taylor	Lora	Kay	

[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1872 Preston Rd	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
725 Forest Trail	Bumpus Mills	TN	37028

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
725 Forest Trail	Bumpus Mills	TN	37028r

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X _____ Date _____

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Chavis	Ricky		

Home Address (NC Residential Address.)	City	State	Zip Code
307 E. 12th St.	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (If applicable)

10-25-18X
Date

_____
Date

SBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Mclellan	Khaziya	Symques	

Home Address (NC Residential Address.)

Mailing Address (If different than home address.) PO Box 384

City	State	Zip Code

City	State	Zip Code
fairmont	NC	28340

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Unsure

Phone (optional)

Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-6-18 *(Date)*

Signature of Near Relative/Guardian (if applicable) X *(Date)*

[redacted].gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Carolyn		

Home Address (NC Residential Address): [redacted] 508 Fodiesville Rd

Mailing Address (if different than home address.)

City	State	Zip Code
Red Springs	NC	283

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. [redacted] | Phone (optional) 910-674-6700 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/4/18 X _____
Date Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Eddins	LaKeisha	Lynn	

Home Address (NC Residential Address): 4794 Highway 41S.

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

City	State	Zip Code
Fairmont		

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9/5/18 X _____

Date Date

www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Santos	Zulma	Ivett	

Home Address (NC Residential Address): 209 East fifth Avenue
City: Redsprings | State: NC | Zip Code: 28377

Mailing Address (if different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-24-18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Bevels Revels	Josh Revels	Landry	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
9314 Deep branch Rvad	P.O. Box 640

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional	521-9375	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
	Pembroke		

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State / Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/15/14
Date

Signature of Near Relative/Guardian (if applicable)

X Josh Revels

Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suf
Autry	Rasheed	Omar	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
121 Buckhorn Rd	

City	State	Zip Code	City	State	Zip Code
Parkton	NC	28371			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-26-18 (Date) X _____ (Date)

[redacted] gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffi
Desiato	Amber	Christine	[redacted]

Home Address (NC Residential Address.): 1217 Britt Road

City: Saint Pauls [redacted] State: NC Zip Code: 28384

Mailing Address (If different than home address.): Same

City: [redacted] State: [redacted] Zip Code: [redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: [redacted]

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: [redacted] State: [redacted] Zip Code: [redacted]

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: [redacted] State: [redacted] Zip Code: [redacted]

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted] 06/29/18
Date

Signature of Near Relative/ Guardian (if applicable)
X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 06 - 18 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Baird	Dennis	Monte	

Home Address (NC Residential Address.)	City	State	Zip Code
1042 Brithrd	St. Pauls	NC	28384

Mailing Address (If different than home address.) | City | State | Zip Code

[redacted] ... live at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Rob. co | Previous Name (If applicable)

Voter Registration No.: Optional | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

Sep/10/18 X

Date

...v.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov
FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Pisechko	Tanya	Ann	

Home Address (NC Residential Address): 7518 Roberts Ave

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date

Voter Signature

Date 6/15/18

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/6/18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su[redacted]
Burnes	William		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
5220 Pleasant Hope Rd	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
William Burns 5220 Pleasant Hope Rd.	Fairmont	NC	28340

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

21 Oct 18 X
Date Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LEWIS	Vincent		

Home Address (NC Residential Address): 605 Benjamin Street
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional): 910-255-1436
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address ... stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)
Date
x 9/5/18
Date

...NCSBE.gov to check your voter registration or absentee voting status.

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
mcdougal	Joshua	Lee	

Home Address (NC Residential Address)	City	State	Zip Code
2202 musselwhite circle	Lumberton	N.C	28358

Mailing Address (If different than home address.)	City	State	Zip Code
	Lumberton	N.C	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-734-4301	mcdoug[redacted]@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2202 musselwhite cir	Lumberton	N.C	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 Date X _____ Date

[redacted]

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Locklear	Justin	Adam	

Home Address (NC Residential Address.)	City	State	Zip Code
692 Gene's Rd	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
692 Gene's Rd	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Justice	Timothy	Lee	

Home Address (NC Residential Address.)	City	State	Zip Code
68 Shipman Drive	St Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
			28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
68 Shipman Drive	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

6/14/18
Date

X
Signature of Near Relative/Legal Guardian (if applicable)

Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Freeman	Gloria	Jene	

Home Address (NC Residential Address.)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian):

Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Freeman	Brian	Clifford	

Home Address (NC Residential Address.)	City	State	Zip Code
1357 S. Elizabeth St. Ext	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1357 S. Elizabeth St. Ext	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code

Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/13/18 Date X _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Locklear	Gary	Wayne	

Home Address (NC Residential Address.)	City	State	Zip Code
1165 Norment Rd	Lumberton	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1165 Norment Rd.	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Cox	Nikiaus	Paul		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
257 Southern Comfort 259 Southern Comfort Dr.	—

City	State	Zip Code	City		
Parkton	NC	28371	Parkton		

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
259 Southern Comfort Dr.	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

06/14/18 X _____

Date Date

www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
McNeil	Wanda	Patricia	

Home Address (NC Residential Address.)	City	State	Zip Code
39 Dijour Dr.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/13/18 (Date) X _____ (Date)

v.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Schmoekel	Jason	Hardell	

Home Address (NC Residential Address.)	City	State	Zip Code
69 Berkshire	Saint pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. (Optional)	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7 Jun 18 X
Date Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Ward	Michael	Corey		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
7580 Howell Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (see instructions)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same As Above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/28/18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Chappel	FRANKLIN	GLenn	

Home Address (NC Residential Address.): 776 - Balance Farm Rd,
City: St. Pauls. State: NC Zip Code: 28384
Have you lived at this address for more than 30 days? Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Roberson
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-4-18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** Nov 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffi
Marc	Myriam		[redacted]

Home Address (NC Residential Address.): 1026 James St.

Mailing Address (If different than home address.)

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) 910-379-7419 | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (If applicable)

10/23/18 X
Date

Date

CSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	S[redacted]
Smith	Larry	Clfford	

Home Address (NC Residential Address.)	City	State	Zip Code
156 Pinewood Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/22/18 Date X Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	MONA	LISA	

Home Address (NC Residential Address.)	City	State	Zip Code
217 MOUNT TABOR RD., # APT.108	RED SPRINGS	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	—

Voter Registration No.	Phone (optional)	Email (optional)
Optional	—	none

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
217 Mt. Tabor Rd. Red Springs	Red Springs	N.C.	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 9/28/18 X _____ Date

Signature of Near Relative/Guardian (if applicable) _____ Date

[redacted] check your voter registration or absentee voting status.

[redacted] **ERSE FOR ADDITIONAL INFORMATION**

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hill	Lawrence	Dontavise	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1105 N. water St.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | **Previous Name (if applicable)**

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-13-2018 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 232

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
MCKOY	TWYLA	JEAN	

Home Address (NC Residential Address.)	City	State	Zip Code
PO BOX 987	LAUREL HILL	NC	28351

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code
404 S. Florence ST	Maxton	NC	28364

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
404 S. Florence ST	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/3/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name
McGhee	Gary	Eugene

Home Address (NC Residential Address.)	City	State	Zip Code
526 N. Fourth St.	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
[redacted]			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/06/18 (Date) X (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 28302-2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-16-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hunt	Halie	Briana		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
173 Emory Lane	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
"	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
173 Emory Ln	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/18/18 X

Date Date

v.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name
Brown	Doris	Campbell

Home Address (NC Residential Address.)	City	State	Zip Code
201 Nash Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code
(Same)			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
201 Nash Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 X
Date Date

CSBE.gov to check your voter registration or absentee voting status.

State/Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Townsend	Michelle	M	

Home Address (NC Residential Address.)	City	State	Zip Code
12291 NC Hwy 211 west	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ ~~Republican~~ MT ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [First] [Middle] [Last] [Suffix]

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-4-18 X _____ _____
Date Date

BE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Townsend	Michelle		

Home Address (NC Residential Address.): 12291 NC Hwy 211 West
City: Red Springs State: NC Zip Code: 28377

Mailing Address (if different than home address.)
City: Red Springs State: NC Zip Code: 28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 9-10-18 (Date) **Signature of Near Relative/Guardian** (if applicable) X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Mayes	Tatiyana	Alie	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2291 Hwy 211 west	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ ~~Republican~~ ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: TM

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09-04-18 X _____

Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: *Election Type (Primary, General, Municipal, Special, etc.)* on *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Mayes	Tatiyana		

Home Address (NC Residential Address.): 12291 NC Hwy 211 West

Mailing Address (If different than home address.)

City	State	Zip Code
R [illegible] Swansboro	NC	28377

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 X

Date Date

www.NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Hicks	Trisha	Marie	[redacted]

Home Address (NC Residential Address.): 313 East ~~Second~~ 4th Street

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Options

Phone (optional): (910-674-8863

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8/18/18 (Date)

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Petra		

Home Address (NC Residential Address.)	City	State	Zip Code
2299 Philadelphus Rd	Pembroke	NC	28372

Mailing Address (If different than home address.) | City | State | Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-7-18 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Ward	[redacted] Keshia			[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
7566 Howell Rd					
City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (see instructions)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?): Same As Above

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/28/18 X

Date | Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Su
Babcock	Kenneth	James	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
217 Mount Tabor Rd Apt 209	Red Springs	NC	28377

Mailing Address (If different than home address.) — City / State / Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.: Optional

Phone (optional)

Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 217 Mount Tabor Rd apt 209 | City: Red Springs | State: NC | Zip Code: 28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/23/18 X
Date

Date

m www.NCSBE.gov if any of the pre-printed information above is incorrect.
o check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary, Gereral (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
BABCOCK	KENNETH	JAMES	Mr

Home Address (NC Residential Address.)	City	State	Zip Code
217 Mt Tabor Rd	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
217 Mt Tabor Rd	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot prefrence.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) 10/16/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Christopher		

Home Address (NC Residential Address): 983 Goins RD.

City	State	Zip Code
Pembroke	N.C.	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (if different than home address.)

City	State	Zip Code

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

_____ Date

X _____ Date

[redacted]

w.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
JACKSON	MARION	B		

Home Address (NC Residential Address.)	City	State	Zip Code
90 SALEM DR.	MAXTON	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted]

ter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signatu[redacted] 10/1/18 (Date)

Signature of Near Relative/Guardian (if applicable)
X _____ (Date)

[redacted]E.gov to check your voter registration or absentee voting status.

[redacted]SE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suf
TURNER	RIP	TED	M

Home Address (NC Residential Address.)	City	State	Zip Code
2202 N. ROWLAND AVE	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: / /

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		RIPTURNER@EMAIL

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2202 N. ROWLAND AVE.	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-15-18 X
Date Date

CSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Matz	Tonya	A	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
301 Myrtle Court	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-19-18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

[redacted] County Board of Elections
[redacted]

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Edwards	Michael	J	

Home Address (NC Residential Address.)	City	State	Zip Code
415 Paizley Drive	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
415 Paizley Drive	Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	(910) 374-1561	edwards.redbull05@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☑ Mail ☐ Fax ☑ Email

Fax Number or Email Address: N/A

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18 (Date) X _____ Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Lowery	Jeanette		

Home Address (NC Residential Address.): 2961 Bragg St.

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

oter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/31/18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 -- FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Pharr	Mary	Lou		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
319 Church St	8

City	State	Zip Code	City	State	[redacted]
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional): [redacted]

Phone (optional): 910-674-3498 or 733-2655

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)

City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[X] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [X] legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email

Fax Number or Email Address

[redacted] Signature of Voter (voter only)

Date: 8-15-18

Signature of Near Relative/Guardian (if applicable)

Date

[redacted] check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lee	Jonathan	Edward	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
115 Village Lake West					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name [First] [Middle] [Last] [Suffix]

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 10/16/18 Date	X _____ Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: [illegible] *Election Type (Primary, General, Municipal, Special, etc.)* on _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Strawdic	R	

Home Address (NC Residential Address.): 704 Roberts Ave Apt. B
City: Pembroke State: NC Zip Code: 28372

Mailing Address (if different than home address.): 706 Roberts Ave Apt. B
City: Pembroke State: NC Zip Code: 28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9.6.18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sbce@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/2018 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Williams	Darnice		

Home Address (NC Residential Address.): 412 Linden St.
City: Fairmont State: NC Zip Code: 28340
Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: ROBESON
Previous Name (if applicable)

Voter Registration No.: Optional
Phone (optional): 910-542-1449
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)

City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X (Date)

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Lactlear	Angel	Hope	

Home Address (NC Residential Address.): 107 South Sycamore Street

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone** / **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10/8/18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Lowery	Kelvin		

Home Address (NC Residential Address.)	City	State	Zip Code
4446 Highway 72 West	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4446 Highway 72 West	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/4/18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suf
Martin	Corey	Jamahl	

Home Address (NC Residential Address.)	City	State	Zip Code
127 E Worth St	St. Pauls	N.C.	28384

Mailing Address (If different than home address.)	City	State	Zip Code
	St. Pauls		

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
127 E Worth St	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (If applicable)

6-27-1978 X
Date

Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Lawrence	Ellis	

Home Address (NC Residential Address.): 120 McGoogan ~~Cove~~ St (Apt A2)

Mailing Address (If different than home address.):

City	State	Zip Code
St. Pauls	NC	28384

City	State	Zip Code

[redacted]

County of Residence: ROBESON

Previous Name (if applicable):

Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
120 McGoogan St	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S[redacted] Signature of Near Relative/Legal Guardian (if applicable)

10-28-18 X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080
robeson.boe@ncsbe.gov

FAX: 910-671-3089

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name
Chavez	Tiffany	Lynn

Home Address (NC Residential Address.)	City	State	Zip Code
2231 NC Hwy 20 East	St. Pauls	NC	28384

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2231 NC Hwy 20 East	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/14/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Hardy	Cindy	Hyatt	

Home Address (NC Residential Address.)	City	State	Zip Code
1773 Britt Rd.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

SSN: X X X - X X - [ ][ ][ ][ ]

Voter Registration No. Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1773 Britt Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-15-18 X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
White	Connie	R	

Home Address (NC Residential Address.)	City	State	Zip Code
2320 Capauno Drive	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2320 Capauno Drive	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

4/23/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Su
Wilson	Carey	Lee	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
409 S. Lafayette St	

City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384			

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
409 Lafayette St	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/24/18 Date X _____ Date

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 500 N. Walnut St. Lumberton NC 28358
Mailing Address: PO Box 2159 Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
ENMAN	Jacob	C	

Home Address (NC Residential Address.): 324 S. 4th St.

Mailing Address (If different than home address.):

City	State	Zip Code
St Pauls	NC	28384

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX - XX [redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
324 S. 4th St	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature [redacted]

Date 06-28-18

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Wilkins	Samantha	Rochelle	

Home Address (NC Residential Address.)	City	State	Zip Code
566 W Blue St.	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
566 W Blue St.	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/29/18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name
Leonard	Jonathan	S

Home Address (NC Residential Address.): 5616 W Blue St.
City: St. Pauls | State: NC | Zip Code: 28384

Mailing Address (If different than home address.):
City: | State: | Zip Code:

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): 5616 W Blue St.
City: St. Pauls | State: NC | Zip Code: 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name:
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:
Name of Corporation (If appointed legal guardian):
City: | State: | Zip Code:
Requestor's Phone:
Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-29-18 (Date) X (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*.

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Grimsley	Viola	Graham	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
194 Bills Rd					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX - XX [redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
194 Bills Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/29/18 *Date* X _____ *Date*

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Graham	Annette		

Home Address (NC Residential Address.)	City	State	Zip Code
4627 Independence Blvd	Lumberton	NC	28358

Mailing Address (if different than home address.)	City	State	Zip Code
1686 Norment Rd	Lumberton	NC	28360

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1686 Norment Rd	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9/3/18 *(Date)* X _____ *(Date)*

NCSBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Freeman	Demetris		

Home Address (NC Residential Address.)	City	State	Zip Code
2513 Pope Crossing Rd (Lot3)	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted] SSN: XXX-XX-[ ][ ][ ][ ]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2513 Pope Crossing Rd (Lot3)	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

[ ] spouse [ ] brother/sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

7/4/18 (Date) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Cunningham	Anita	Denis	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1005 North Elm Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
same			

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

If "No," indicate the date of your move: 7/15/18

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature: X [redacted] 7/27/18 (Date)

Signature of Near Relative/ Guardian (if applicable): X _____ Date

[redacted].gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Tiffiney	Lea	

Home Address (NC Residential Address.): 169 Leola Drive

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28360

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-738-4165	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 (Date) X _____ (Date)

[redacted]E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF E[redacted]2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Pate	Stephanie	Rae	[redacted]	

Home Address (NC Residential Address.)	City	State	Zip Code
2580 Ballance Farm Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2580 Ballance Farm Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/19/18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	[redacted]
Owens	Mary	Frances	

Home Address (NC Residential Address.)	City	State	Zip Code
403 N. 2nd St	St. Pauls	NC	28384

Mailing Address (if different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?): Same

City:

State:

Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City:

State:

Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/20/18 (Date) X (Date)

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suf
Freeman	Gary	Mitchell	

Home Address (NC Residential Address.)	City	State	Zip Code
4627 Independence Drive	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
4627 Independence Drive	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name		Name of Corporation (If appointed legal guardian)
	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian	

Requestor's Address	City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/24/18 *(Date)* X _____ _____ *(Date)*

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	*Mailing Address*
800 N. Walnut St.	PO Box 2159
Lumberton NC 28358	Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18 [redacted]
Election Type (Primary, General, Municipal, Special, etc.) *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Pate	Stephen	Jerome	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2580 Ballance Farm Rd	St Pauls	NC	28384

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	XXX - XX [redacted]	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2580 Ballance Farm Rd	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone / Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/25/18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Da*

Voter Information

Last Name	First Name	Middle Name	Su
Ray	Charlie	Leon	J

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
209 S 2nd St	

City	State	Zip Code	City	State	Zip Code
St Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
209 S 2nd St	St Pauls	nc	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/25/18 X
Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Da*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Su
Kearns	Wyman	Junior	

Home Address (NC Residential Address.)	City	State	Zip Code
2580 Ballance Farm Rd	St. Pauls	NC	28384

Mailing Address (If different than home address.)

City	State	Zip Code

[redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Options		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2580 Ballance Farm Rd	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/25/18 X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Lochlear	Casey	Wayne	

Home Address (NC Residential Address.): 1009 Canal RD Pembroke NC

City	State	Zip Code
Pembroke	NC	28372

Mailing Address (If different than home address.): 1009 Canal RD Pembroke NC

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)
NC License or ID Number | SSN
[redacted]

Voter Registration No. Optional:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 1009 Canal Rd

City	State	Zip Code
Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S [redacted]

e 28 18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
SEALS	LINDA		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
2211 Musselwhite Cr.					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	N.C.	28358			

[redacted]

County of Residence	Previous Name (if applicable)
OBESON	

Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
2211 Musselwhite Cr	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] **Signature of Near Relative/Legal Guardian** (if applicable)

6/28/18 *Date* X *Date*

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Barnes	Chrissy	Grace	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
707 South Sycamore Street	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
~~Quennred1996@gmail~~ [redacted]	~~Lumberton~~		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Cindone	258 910 6985	Quennred 1996@gmail

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-17-18 (Date) X[redacted] (Date)

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Barnes	Chrissy	Grace	

Home Address (NC Residential Address.): South Sycamore Street

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (If applicable):

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 (Date) X (Date)

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Rhonda	Kim	[redacted]

Home Address (NC Residential Address)	City	State	Zip Code
282 Hummingbird Lane	St Pauls	NC	2838

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
282 Hummingbird Lane	St Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

7-31-18 (Date) X _____ (Signature of Near Relative/ Guardian (if applicable)) _____ (Date)

Visit WWW.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Nance	Timothy	Jacob	[redacted]

Home Address (NC Residential Address.): 282 Hummingbird Lane
City: St Pauls | State: NC | Zip Code: 283

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No
If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson
Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or ID Number
SSN: X X X - X X [redacted]

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): 282 Hummingbird Lane
City: St Pauls | State: NC | Zip Code: 28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8-4-18 (Date)

Signature of Near Relative/ Guardian (if applicable) X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Meares	Kayla	Marie	

Home Address (NC Residential Address.): 1136 Warwick Mill Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)
	910-258-795	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: ☐ Mail ☐ Fax ☐ Email
(Military/Overseas Voters Only)

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/6/18 Date X Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	S[redacted]
Jacobs	Mary	S.	

Home Address (NC Residential Address.)	City	State	Zip Code
259 Vanborn Dr	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
259 Vanborn Drive	Lumberton	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6-21-18 (Date) X _____ (Date)

[redacted]

SBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* on 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Grimsley	Carey	Elizabeth	

Home Address (NC Residential Address.)	City	State	Zip Code
518 E Boss Street	St. Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
518 E Boss Street	St. Pauls	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/20/18 Date X _____ Date

[redacted]ov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	[redacted]
Goins	Jonathan	Michael	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
78 Annette Drive					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
St. Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
78 ANNETTE DRIVE	ST. PAULS	NC	28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

6/18/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11-6-18 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Reyes	Luis		

Home Address (NC Residential Address.): 452 Marion Rd.

Mailing Address (If different than home address.)

City	State	Zip Code
Saint Pauls	NC	28384

City	State	Zip Code

[redacted]

County of Residence: obeson

Previous Name (if applicable)

r Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date Date

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Da)*

Voter Information

Last Name	First Name	Middle Name	Su
Torres	Yomayra		

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
452 Marion Rd	

City	State	Zip Code	City	State	Zip Code
Saint Pauls	NC	28384			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

06/23/18 X _____ _____
Date Date

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special,) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jones	Monica	B	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
365 Hummingbird Lane	St Pauls	NC	28384

Mailing Address (If different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] 7-31-18 (Date) X _____ (Signature of Near Relative/ Guardian (if applicable)) _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffi
~~Wilson~~ Murdock	William	Ray	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
99 Fanza Dr	

City	State	Zip Code	City	State	Zip Code
Saint Pauls					

Have you lived at this address for more than 30 days? ☐ Yes ☐ No	County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ___/___/___		

You must provide at least one identification number below. (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number / SSN X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
99 Fanza Dr			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

7/31/18 (Date) X _____ (Signature of Near Relative/ Guardian (if applicable)) _____ (Date)

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-06-18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Grissett	George		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
434 Flice	

City	State	Zip Code	City	State	Zip Code
Marietta	NC	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
434 Flice	Marietta	NC	28340

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference .

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9.10.18 Date

X [signature] Date

E.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MIDTERM *Election Type (Primary, General, Municipal, Special, etc.)* **on** 6 NOV 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name
Ebri	Bernadette	KEDEI

Home Address (NC Residential Address.)	City	State	Zip Code
7 Trinity Dr	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
	9122270418	ebribk@miamioh.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
201 IRVIN DRIVE	OXFORD	OH	45056

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/9/2018 Date X Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-6-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suf
~~Brad~~ Evans	Korey	Allen	A

Home Address (NC Residential Address.): 523 East 10th st
City: Lumberton | State: NC | Zip Code: 28358

Mailing Address (If different than home address.)
City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)
NC License or NC ID Number
SSN: XXX - XX [redacted]

Voter Registration No. (optional): 536-6741

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City: Lumberton | State: NC | Zip Code: 28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City | State | Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date

6/10/18 XO

Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Carmichael	Kaheen	Mikel	

Home Address (NC Residential Address.)	City	State	Zip Code
40 Irene Rd	Fairmont	NC	28340

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	City	State	Zip Code	Name of Corporation (If appointed legal guardian)	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

X 9-14-2018
Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Evett	Barbara	Ann	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
46 Maverick Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28306	Lumberton	NC	28360

Have you lived at this address for more than 30 days? [X] Yes [ ] No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
ROB	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online	910 668 0625	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
[ ] Democratic [ ] Republican [ ] Libertarian [ ] Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. [ ] Yes [ ] No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

[ ] spouse [ ] brother /sister [ ] parent [ ] grandparent [ ] stepparent
[ ] child [ ] grandchild [ ] stepchild [ ] mother-in-law [ ] father-in-law
[ ] son-in-law [ ] daughter-in-law [ ] legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

[ ] Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

[ ] U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) [ ] Mail [ ] Fax [ ] Email
	Fax Number or Email Address

[redacted]

Aug 22 18
Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election (*Election Type (Primary, General, Municipal, Special, etc.)*) on November 6, 2018 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Collins	Alexis	J		[redacted]

Home Address (NC Residential Address.): 4050 mt tabor rd

Mailing Address (If different than home address.):

City	State	Zip Code
Red Springs	NC	28377

City	State

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.: none

Phone (optional)

Email (optional)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted] 8/23/2018 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Jacqueline	Murphy	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
208 South Patterson St	Maxton	NC	28364

Mailing Address (If different than home address.)	City	State	Zip Code
	Maxton	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	Jacqueline M. McNeill

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910-316-7005	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 8-23-18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	Curtis	Franklin	

Home Address (NC Residential Address.): 12418 NC. Hwy 415

City	State	Zip Code
Fairmont	NC.	28340

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Columbus

Previous Name (if applicable):

Voter Registration No.: Ondonel

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-17-18 X

Signature of Near Relative/Guardian (if applicable)

Date Date

[redacted]

ov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Graham	Tabitha	H	[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
12901 HWY 41 North					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

S[redacted] 8/28/18 (Date)

Signature of Near Relative/ Guardian (If applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form - North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Butler	Jesse	D	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
706 Southwillow St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature	Date	Signature of Near Relative/ Guardian (If applicable)	Date
	8-7-18	X	

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown	Cheanna	M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
5770 NC Hwy 211 E Lot#31	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

SSN: [redacted] X X X - X X - [ ][ ][ ][ ]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

8/28/18
Date

Signature of Near Relative/ Guardian (if applicable)

x _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Hester	Kayla	M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
207 Kayla Dr	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-30-18
Date

Signature of Near Relative/ Guardian (if applicable)

X _____ Date

[redacted] BE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Locklear	Eric		[redacted]

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
821 Shop Dr					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
P.O. Box 863	Red Springs	NC	28377

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature [redacted]

X _____ Date 8-17-18

Signature of Near Relative/ Guardian (If applicable)

X _____ Date

[redacted]BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Ashley	Deedra	M	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
139 Applewood Rd	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?): Same as above

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

8-31-18
Date

Signature of Near Relative/ Guardian (if applicable)

x _____ Date

[redacted].gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Strickland	John	Ethan	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1301 N Walnut St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 8/7/18

Signature of Near Relative/ Guardian (if applicable) X _____ Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Britt	Victoria	M	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2063 Beulah Church Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (If applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (unless Ill) [redacted]

Date

Signature of Near Relative/ Guardian (if applicable)

8/13/18 X

Date

Date

[redacted]BE.gov to check your voter registration or absentee voting status.

V2013.11

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Barnes	Melissa	Canady		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
12418 NC Hwy 415					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)

Phone (optional)

Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]

8-17-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

[redacted]BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Bostic	Brenda	G.	

Home Address (NC Residential Address.)	City	State	Zip Code
3236 Mill Branch Rd.	FAIRmont	N.C.	28340

Mailing Address (If different than home address.)	City	State	Zip Code
	FAIRmont N.C.		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

8-17-18 (Date) X _____ (Date)

[redacted]CSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133
absentee@mecklenburgcountync.gov

RECEIVED
SEP 10 2018
Campaign Finance Office
NC State Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Dinzey	Cheyenne	M.	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1925 fire tower Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (If applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/23/18 X

Date Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

North Carolina Absentee Ballot Request Form

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133
absentee@mecklenburgcountync.gov

FAX: 704-319-9722

RECEIVED
SEP 10 2018
Campaign Finance Office
NC State Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General _____ **on** _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Martha	Gail	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1665-4 Back Swamp Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X _____
Date Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request Form

North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

RECEIVED
SEP 10 2018
Campaign Finance Office
NC State Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hunt	Bobbie		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
1665 Back Swamp Rd Lt 4			PO Box 1976		
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
Lumberton	NC	28360	Lumberton	NC	28359

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
PO Box 1976	Lumberton	NC	28359

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

9/23/18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X _____
Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Baldwin	Rakeeme	Sha'Quez		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
402 meadow woods circle	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
ROBESON	

You must provide at least one identification number below (or see instructions)	Phone (optional)	Email (optional)
[redacted]	910-852-1160	

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	9/6	X	C

o check your voter registration or absentee voting status.

NONE

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
~~Alice~~ Baker	Alice			

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

_____ X _____ _____
Date Date

SBE.gov to check your voter registration or absentee voting status.

V2013.11

NONE

~~NO ROBESON COUNTY~~

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

2741 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
~~Fortune~~ Fulton	Janet			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

Mailing Address (If different than home address.)	City	State
[redacted]		

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

BE.gov to check your voter registration or absentee voting status.

V2013.11

1 ACTIVE HOKE

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Malloy	Annie			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

[redacted]

E.gov to check your voter registration or absentee voting status.

V2013.11

2 Removed Robeson County

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Jones	Mary			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)
[redacted]		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

voter registration or absentee voting status.

V2013.11

2 Active Lincoln, Camden

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Robert Berry	~~Berry~~ Robert			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

ov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name *	Middle Name	Suffix
Bullard	Mark	Anthony	

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
2983 N. Chicken Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28360			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No If "No," indicate the date of your move: ___/___/___	County of Residence	Previous Name (if applicable)
[redacted]	Voter Registration No. Cindone	Phone (optional) 910 738-1667 / Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] Date

Signature of Near Relative/Guardian (if applicable)

X [signature] 8/29/18
Date

E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Locklear	Mahaylch	Cheyenne		[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
140 Dailey Rd	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364	Maxton		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)
Robeson	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 8/20/18 (Date)	X (Date)

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McDougald	Wilbert	Antonio	

Home Address (NC Residential Address.)	City	State	Zip Code
1538 Briggs Rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code
P O Box 191	Rowland	NC	28383

[redacted]

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter (voter only) 8-30-18 X Date

Signature of Near Relative/Guardian (if applicable) Date

check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Williams	Michael ~~A~~ W	Angelo		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1175 Dowd Bland Rd	

City	State	Zip Code	City	State
Parkton	NC	28371		

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	8-28-18	X	

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Norton	Gladys Jones			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
866 Wiregrass Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Online		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
[redacted]			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted]	X 8 29 18
Date	Date

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *Election Type (Primary, General, Municipal, Special, etc.)* on November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
GRANT	KIMBERLE		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
3027 Wiregrass Rd	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: ROBESON

Previous Name (if applicable):

[redacted]

Voter Registration No.: Online

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
			910-740-8524	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) [redacted]

Date: 08.29.18

Signature of Near Relative/Guardian (if applicable) X

Date

[redacted]

E.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Jenkins	Quantesha	S	

Home Address (NC Residential Address.): 15576 NC. Highway 71

Mailing Address (If different than home address.):

City	State	Zip Code
Shannon	NC.	28386

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.: Unsure

Phone (optional):

Email (optional):

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (If appointed legal guardian):

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

8/24/18 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Moore	Keamy Keaish		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
163 Ralph Hunt Blvd	

City	State	Zip Code	City	State	Zip Code
Orrum	N.C.	28369			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Online		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
163 Ralph Hunt Blvd	Orrum	NC	28369

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

8/30/18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

E.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

State Absentee Ballot Request
North Carolina

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Mcdowell	Jermaine	Raekuon	

Home Address (NC Residential Address.)	City	State	Zip Code
169 leola Drive	lumberton	NC	28360

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18 X _____
Date Date

BE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted] Absentee Ballot Application

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
locklear	Erika	Leanna	

Home Address (NC Residential Address.)	City	State	Zip Code
414 Eddie Sampson Rd	lumberton	NC	28360

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18 X _____

Date Date

[redacted]E.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form
North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Hammonds	Steven	Alexander		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2535 Shannon Rd	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

[redacted]

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signatur [redacted]

8/22/18 X
Date

Signature of Near Relative/Guardian (if applicable)

Date

[redacted]

to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* on November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Ivey	Guy		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
402 Market St.	

City	State	Zip Code	City	State	Zip Code
Fairmont	N.C.	28340			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
None		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-29-18 (Date) X _____ (Date)

E.gov to check your voter registration or absentee voting status.

1 Active Cumberland

~~Exhibit 4.2.3.2.2~~

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Harrison	Patricia		

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

_____ Date

istration or absentee voting status.

V2019.11

NONE

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	[redacted]
Colbreth	Linda			

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]	County of Residence	Previous Name (if applicable)

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name — ☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

~~NO ROBESON COUNTY~~ 1 Removed GUILFORD

Exhibit 4.2.3.2.2 2759 of 2821

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Atwood	Mary			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Mailing Address (if different than home address.)	City	State

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date _____ Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

1 Active WAKE

Exhibit 4.2.3.2.2 2760 of 2821

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address: 800 N. Walnut Street, Lumberton, NC 28358
Mailing Address: PO Box 2159, Lumberton, NC 28359
PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Silas	Eric			[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
104 Hope LN	Red Springs	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted] (Indicate the date of your move)

County of Residence	Previous Name (if applicable)

Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

1 FAYETTVILLE
ACT

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS 2761 of 2821

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Autry	Eugene			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) on _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Acevedo	Juan		

Home Address (NC Residential Address.): 164 Columbus Rd

City: Fredonia | State: NC | Zip Code:

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/6/18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Acevedo	Juan	Luis	

Home Address (NC Residential Address): 2606 Path Rd.

Mailing Address (if different than home address.)

City	State	Zip Code
Fairmont	NC	28340

[redacted]

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Date _____ X _____ Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Chavis	Kelsey		

Home Address (NC Residential Address): 8388 Spermant NC Hwy 130 East

City: Fairmont State: NC Zip Code: 28340

Mailing Address (if different than home address.)

City | State | Zip Code

[redacted] Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) | Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] Signature of Near Relative/Guardian (if applicable)

[redacted] 9-6-18 X

Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on 11-06-18 (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Floyd	Antoinette	Moesha	

Home Address (NC Residential Address.): 528 B Lowry Circle

City: Pembroke | State: NC | Zip Code: 28372

Mailing Address (if different than home address.)

City | State | Zip Code

Have lived for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No. (Optional)

Phone (optional): (910) 706-7104

Email (optional): floydantoinettea@gmail.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

09/06/18 X

Date Date

w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General), Municipal, Special, etc.) on 11-06-18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Richardson	Charles	P	

Home Address (NC Residential Address.): 1320 Iona Church Road

City: Rowland | State: NC | Zip Code: 28383

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)

City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional): 910-422-3091 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-7-18 X

Date Date

.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Walker	Laurel	Jade	

Home Address (NC Residential Address.)	City	State	Zip Code
207 E 3rd ST	Pembroke	NC	28372

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/7/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Miller	RON			[redacted]

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
408 Meadow Woods Circle	

City	State	Zip Code	City	State	Zip Code
Fairmont	NC	28340			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
ROBESON	

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Unsure	910-506-9108	

Absentee Mailing Address (where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
[redacted] 6/18 Date	X ___ Date

gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.)* **on** November 6, 2018 *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Lockl ear	William	Matthew		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
106 Clyde Circle	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (If applicable)
Robeson	

You must provide at least one identification number below (or see instructions)	Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	Options		

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)	Date	Signature of Near Relative/Guardian (if applicable)	Date
[redacted]	09/04/18	X	

BE.gov to check your voter registration or absentee voting status.

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Lockear	Larry		

Home Address (NC Residential Address.)	Mailing Address (if different than home address.)
1837 mcgirt Rd	

City	State	Zip Code	City	State	Zip Code
Maxton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Oregone		

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

9-5-18
Date

Signature of Near Relative/Guardian (if applicable)

X
Date

[redacted]SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Sanderson	Alecia	Marie	

Home Address (NC Residential Address): 96 Poochie Dr.

City: Lumberton | State: NC | Zip Code: 28360

Mailing Address (if different than home address.)

City | State | Zip Code

County of Residence | Previous Name (if applicable)

Voter Registration No. (Optional) | Phone (optional) | Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-5-18 (Date) X _____ 9 (Date)

www.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Callahan	Hearl	Dean	

Home Address (NC Residential Address): 1949 Mount Zion Church Rd
City: Red Springs State: N.C Zip Code: 28377
[redacted] ☐ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No.: [redacted]
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (if appointed legal guardian)
City State Zip Code Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-7-16 X
Date Date

w.NCSBE.gov to check your voter registration or absentee voting status:

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Pijanowski	Joseph	Michael	

Home Address (NC Residential Address)	City	State	Zip Code
115 Pembroke Pointe Lane Apt. 3B	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
US	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ Date X _____ 10/3/18 Date

NCSBE.gov to check your voter registration or absentee voting status.

Absentee by Mail Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Webb	Madisen	Gale	

Home Address (NC Residential Address.)
North Hall, One University

City	State	Zip Code
~~North Hall One Univ.~~ Pembroke	NC	28372

Mailing Address (if different than home address.)

City	State	Zip Code
Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

Voter Registration No. | **Phone** (optional) (910) 274-2480 | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (if appointed legal guardian)

City | **State** | **Zip Code** | **Requestor's Phone** | **Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/02/18 X
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Branch	Shacliyah	Elece	

Home Address (NC Residential Address.)	City	State	Zip Code
130 Caldonia dr.	Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	910-827-7103	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
130 Caldonia dr.	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10/2/18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
Walker	Savanna	lee	

Home Address (NC Residential Address.): 12 E west gate terr Apartments

City	State	Zip Code
Red Springs	NC	28377

Mailing Address (If different than home address.)

City	State	Zip Code
Red Springs	NC	28377

[redacted]

Have you resided at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: [redacted]

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional): 910-774-0673

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 09/10/18 X

Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

NC Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Bibi	Ayesha		

Home Address (NC Residential Address.)	City	State	Zip Code
One University Drive	Pembroke	NC	27263

Mailing Address (if different than home address.) | City | State | Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional): 336-652-2096 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-02-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Hammonds	Rylan	Thomas	

Home Address (NC Residential Address.): 1593 Ivey road

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.) | Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

9-10-18 X _____
Date Date

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11/6/2018 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Su
Jacobs	Taner	Kylan	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
2557 Mount Olive Ch Road	Lumberton	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
495 Paul Hardin Dr, Room 345	Chapel Hill	NC	27514

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/11/2018 (Date) X _____ (Date)

BE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Collins	Kellen	Edward	

Home Address (NC Residential Address.)	City	State	Zip Code
University 2 Oak Hall 117B	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
3608 Lamson Rd.	Fayetteville	NC	28306

[redacted]

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-263-8024	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (Print) (Initial) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-2-18 (Date) X _____ (Date)

[redacted] w.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Brown-Dimalanta	Sage	M	

Home Address (NC Residential Address.)	City	State	Zip Code
Cypress Hall S14A	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code
6260 US Hwy 421 N	Clinton	NC	28328

[redacted] ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Sampson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan Independent ✓

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/2/2018 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Robinson	Elijah	Ahmad	

Home Address (NC Residential Address.): North Hall

Mailing Address (if different than home address.):

City	State	Zip Code
Pembroke	N.C.	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence:

Previous Name (if applicable):

Voter Registration No. (Optional):

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?):

City: State: Zip Code:

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address:

Name of Corporation (if appointed legal guardian):

City: State: Zip Code:

Requestor's Phone:

Requestor's Email:

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address:

[redacted]

Signature of Near Relative/Guardian (if applicable)

Oct. 2 2018 (Date) X _____ (Date)

.NCSBE.gov to check your voter registration or absentee voting status.

North Carolina Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Dowdy	Essence	Aerial	

Home Address (NC Residential Address)
Oak Hall apt 310B

City	State	Zip Code
Pembroke	NC	28340

Mailing Address (if different than home address.)
175 Bellaln

City	State	Zip Code
Aberdeen	NC	28315

[redacted]

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No. | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10-2-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Joyner	Jary	Halley Nicole	

Home Address (NC Residential Address.)	City	State	Zip Code
One University Dr.	Pembroke	NC	28372

Mailing Address (if different than home address.): 508 Campen Rd Apt 1F
City: ~~Pembro~~ Beaufort | State: NC | Zip Code: 28516

[redacted] ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	252-723-0718	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10-2-18 Date

Signature of Near Relative/Guardian (if applicable)
X _____ Date

ww.NCSBE.gov to check your voter registration or absentee voting status.

[illegible] Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Whitmore	Elisabeth	McNeil	

Home Address (NC Residential Address)	City	State	Zip Code
412 Village Apartments	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
UNCP. PO Box 6058	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]	803-605-0405	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted] 10-03 Signature of Near Relative/Guardian (if applicable)

[redacted] Date X Date

[redacted] NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
* Inman	Meghan	Wagner	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1805 N Elm St	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number	SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
	XXX - XX - [redacted]			

Absentee Voting Information

* Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1805 N Elm St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

10-15-18 (Date) X _____ (Date)

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Pass	Vamal	El-Amin	

Home Address (NC Residential Address.)	City	State	Zip Code
514 Martin Street	Greensboro	NC	27406

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

Mailing Address (If different than home address.)

City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
107 Pembroke Pint Apt	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

X _____ 10/03/18 (Date)

[redacted]

voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Bledsoe	Mitchell		

Home Address (NC Residential Address.): 309 Godwin Ave. Apt. 1
Mailing Address (if different than home address.)

City	State	Zip Code
Lumberton	NC	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

[redacted] | Phone (optional) | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted] **Signature of Near Relative/Guardian** (if applicable)

9/4/18 X _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date).

Voter Information

Last Name	First Name	Middle Name	Suffix
Moody	Kayla		

Home Address (NC Residential Address.)	City	State	Zip Code
~~#463~~ 216 A Oak University Drive	Pembroke	NC	28372

Mailing Address (if different than home address.)	City	State	Zip Code
3463 Candlebrook Ct	Mebane	NC	27302

[redacted]

Lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]	(336) 380-4474	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First / Middle / Last / Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/2/18 X _____
Date Date

NCSBE.gov to check your voter registration or absentee voting status.

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Evans	Isaac	William Michael	

Home Address (NC Residential Address.): North Hall University 1 Drive
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.): 8473 Riverside Road
City: Seagrove State: NC Zip Code: 27341

County of Residence: Robeson
Previous Name (if applicable):
Voter Registration No.:
Phone (optional): 336-460-9161
Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | City | State | Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City | State | Zip Code | Requestor's Phone | Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-2-18 Date X _____ Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut St.
Lumberton NC 28358

Mailing Address
PO Box 2159
Lumberton NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11-6-18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Rogers	Jeremiah	William	

Home Address (NC Residential Address.)	City	State	Zip Code
320 E. Armfield St	Saint Pauls	NC	28384

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

[redacted]

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Home			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

[redacted]

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S

Signature of Near Relative/Legal Guardian (if applicable)

06/23/18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
MEHLMAN	HEIDI	REBECCA	

Home Address (NC Residential Address.)	City	State	Zip Code
3117 W. CARTHAGE RD.	LUMBERTON	NC	28360

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
3117 W CARTHAGE RD	LUMBERTON	NC	28360

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] Date 10/2/18

Signature of Near Relative/Guardian (if applicable) X Date

[redacted]NCSBE.gov to check your voter registration or absentee voting status.

[redacted]ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Janet	Elaine	

Home Address (NC Residential Address.): 607 Harry West Lane Ext.
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)
Voter Registration No. (Optional)
Phone (optional)
Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First, Middle, Last, Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

[redacted] 10-8-18 (Date)

Signature of Near Relative/Guardian (if applicable)
X (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

[redacted]

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on November 6, 2018 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Jacobs	Steven	Rexford	

Home Address (NC Residential Address): 607 Harry West Lane Ext.
City: Pembroke State: NC Zip Code: 28372
Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (if different than home address.)
City State Zip Code

County of Residence: Robeson
Previous Name (if applicable)

Voter Registration No. (Optional)
Phone (optional)
Email (optional)

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)
City State Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ ~~Non-~~partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)
☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
Name of Corporation (If appointed legal guardian)
City State Zip Code
Requestor's Phone
Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-8-18 (Date) X (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* on NOV 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Virginia	Carter	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions).

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

ity	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Sign [redacted]

X _____

Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** November 6, 2018 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Ferguson	Barbara		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
6223 Old Whiteville Rd.	Lumberton,	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
			28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: [redacted]

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Mailing Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6223 Old Whiteville Rd.	Lumberton,	N.C.	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: Barbara (First) B. (Middle) Ferguson (Last) (Suffix)

☑ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
6223 Old Whiteville Rd.			
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**
Lumberton,	NC	28358	910 536 1516	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9-12-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: ~~MUNICIPAL ELECTION~~ Primary ds on ~~11/07/2017~~ May 2018 ds
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Su
FERGUSON	BARBARA	BOYD	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
6223 old whiteville Rd	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code
6223 old whiteville Rd	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
[redacted]	

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6223 old whiteville Rd	LUMBERTON	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name: RONALD LEE FERGUSON

☒ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)
6223 old whiteville Rd	

City	State	Zip Code	Requestor's Phone	Requestor's Email
LUMBERTON	NC	28358	910538 1516	RONFERGUSON.RF@GMAIL.COM

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

12-20-17 Signature of Near Relative/Legal Guardian (if applicable)

X _____ Date

[redacted]

...ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	William	S	Dr.

Home Address (NC Residential Address.)	City	State	Zip Code
1000 Wesley Pines Rd, Villa 201	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

[redacted]

Voter Registration No. (Optional):

Phone (optional): 928-49 2-3149

Email (optional): stanusmith@charter.net

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1000 Wesley Pines Rd, Villa 201	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date 9/4/18 X _____ Date

check your voter registration or absentee voting status.

V2019.11

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address	Mailing Address
800 N. Walnut Street	PO Box 2159
Lumberton, NC 28358	Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089

robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____.

Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Smith	Ann	Terry	Mrs.

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1000 Wesley Pines Rd, Villa 201	

City	State	Zip Code	City	State	Zip Code
Lumberton	NC	28358			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)
Robeson	

You must provide at least one identification number below. (or see instructions)

Voter Registration No. Optional	Phone (optional)	Email (optional)

[redacted]

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary *(Election Type (Primary, General, Municipal, Special, etc.)* on May 8 2018. *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
Young	Tirrell	Maurice	[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
318 N. Elm St.	

City	State	Zip Code	City	State	Zip Code
Manton	NC	28364			

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence	Previous Name (if applicable)

You must provide at least one identification number below. (or se[redacted]

NC License or ID Number	SSN	r Registration No.	Phone (optional)	Email (optional)
	X X X - X X - [redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signatu[redacted]nly)

X [redacted] 2/24/18 Date

Signature of Near Relative/Guardian (if applicable)

X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: General *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/06/18 *(Election Date)*

Voter Information

Last Name	First Name	Middle Name	Suffix
McInnis	Veleria	Lashan	

Home Address (NC Residential Address.): 108 Denver Rd

Mailing Address (If different than home address.):

City	State	Zip Code
Lumberton	nc	28358

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
108 Denver Rd	Lumberton	nc	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ ~~No~~

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: ☐ Mail ☐ Fax ☐ Email
(Military/Overseas Voters Only)

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18 X
Date Date

SBE.gov to check your voter registration or absentee voting status.

Exhibit 4.2.3.2.2

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 · · FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Swan	Lonnie			[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
104 Hope LN	

City	State	Zip Code	City	State
Red Springs	NC	28377		

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence	Previous Name (if applicable)

[redacted]

oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suff
Swan	Lonnie		

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
104 Hope Lane					
City	State	Zip Code	City	State	Zip Code
Red Springs		28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)	
Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☑ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

E.gov to check your voter registration or absentee voting status.

V2013.11

Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (Election Type (Primary, General, Municipal, Special, etc.)) on _____ (Election Date)

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Chrisdarrius	JaQuan	

Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
1 University Road			424 Booth St		
City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Henderson	NC	27536

[redacted] Yes ☐ No

County of Residence	Previous Name (if applicable)
Vance	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

[redacted] 10-2-18 (Date) X _____ (Date)

[redacted].NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL *(Election Type (Primary, General, Municipal, Special, etc.))* **on** NOV 6, 2018 *(Election Date)*

[redacted]

Voter Information

Last Name	First Name	Middle Name	Suffix
MAYNOR	PAUL	LESLIE	

Home Address (NC Residential Address.)	City	State	Zip Code
1006 N. WALNUT ST.	LUMBERTON	NC	28358

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence: ROBESON

Previous Name (if applicable):

Voter Registration No.: Optional

Phone (optional):

Email (optional):

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Voter: [signature] Date: 10/2/18

Signature of Near Relative/Guardian (if applicable): X Date:

[redacted]

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* on 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su [redacted]
EMERY	MARGARET	D	

Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
504 W 19TH ST					
City	**State**	**Zip Code**	**City**	**State**	**Zip Code**
LUMBERTON	NC	28358			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)	
ROBESON		
Voter Registration No.	**Phone (optional)**	**Email (optional)**
000000519713		

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
504 W 19th St	Lumberton	NC	28358

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (If appointed legal guardian)	
City	**State**	**Zip Code**	**Requestor's Phone**	**Requestor's Email**

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

9-29-18 Date X Steve Collins, Husband 9/29/18 Date

NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 11/06/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Su
KEY	WALLACE		[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
1301 E 4TH AVE	RED SPRINGS	NC	28377

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

[redacted]

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000518055		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

Date X Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina

TO: ROBESON COUNTY BOARD OF ELECTIONS

Physical Address
800 N. Walnut Street
Lumberton, NC 28358

Mailing Address
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
robeson.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Key	Wallace		[redacted]

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
1301 E 4th Ave	

City	State	Zip Code	City	State	Zip Code
Red Springs	NC	28377			

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)

[redacted]

Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent ☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law ☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
[redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____ X _____ Date _____

[redacted]

E.gov to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (Election Type (Primary, General, Municipal, Special, etc.)) on 11/6/18 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
GOFF	WILLIAM	FREDERICK	

Home Address (NC Residential Address.)	City	State	Zip Code
1455 ARMORY RD.	PARKTON	NC	28371

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1455 Armory Rd	Parkton	NC	28371

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only) [redacted] 9/27/18 (Date)

Signature of Near Relative/Guardian (if applicable) X (Date)

[redacted]SBE.gov to check your voter registration or absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: November Municipal Election *(Election Type (Primary, General, Municipal, Special, etc.))* **on** 11/6/18 *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffi
Dinnerson	Quincy	L	

Home Address (NC Residential Address.)	City	State	Zip Code
1887 south Chicken rd	Rowland	NC	28383

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (if applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
1180 Raymond blvd apt 14 C	Newark	NJ	07102

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

NC STATE BOARD OF
OCT 22 2018
ELECTIONS & ETHICS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-16-18 X

Date Date

SBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov. 6, 20 (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	ALANA	SIERRA	Ms.

Home Address (NC Residential Address.)	Mailing Address (If different than home address.)
587 LONNIE FARM RD.	

City	State	Zip Code	City	State	Zip Code
PEMBROKE	NC	28372			

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence	Previous Name (If applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		alocklear3@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
6420 Farm Gate Rd Apt. 308	Raleigh	NC	27606

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter	Date	Signature of Near Relative/Guardian (if applicable)	Date
	10/20/18	X	

NCSBE.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION

[redacted] Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
starkes	Deelanjia	Monique	

Home Address (NC Residential Address.): 408 W Railroad street

Mailing Address (if different than home address.):

City	State	Zip Code
Pembroke	NC	28372

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

[redacted] 9/7/2020 X
Date

[redacted] check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P.O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election (Election Type (Primary, General, Municipal, Special, etc.)) on Nov 06 - 2018. (Election Date)

Voter Information

Last Name	First Name	Middle Name	Suffix
Cromartie	Keymon	Elijah	

Home Address (NC Residential Address.)	City	State	Zip Code
One University Drive	Pembroke	NC	28372

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

[redacted]

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
[illegible]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☑ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

Oct. 2 18 X
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Treviño	Celeste	Esperanza	

Home Address (NC Residential Address)	City	State	Zip Code
408 W railroad st	Pembroke	NC	28372

Mailing Address (if different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference:
☐ Democratic ☐ Republican ☐ Libertarian ☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

10/3/18 **Signature of Near Relative/Guardian** (if applicable)

X _____ _____
Date

...NCSBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name	First Name	Middle Name	Suffix
Tilley	Ethan	Hayes	

Home Address (NC Residential Address)	Mailing Address (if different than home address.)
~~9524 Woodlief~~ North Hall Apt 210	9524 Woodlief

City	State	Zip Code	City	State	Zip Code
Pembroke	NC	28372	Raleigh	NC	27587

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence	Previous Name (if applicable)

Voter Registration No.	Phone (optional)	Email (optional)
Cancelled		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☑ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

_____ 10-2-2018 X _____
Date Date

.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ (*Election Type (Primary, General, Municipal, Special, etc.)*) **on** _____ (*Election Date*)

Voter Information

Last Name	First Name	Middle Name	Suffix
HAMM	NANCY	CAROL	

Home Address (NC Residential Address.)	City	State	Zip Code
275 LACY RD.	MAXTON	NC	28364

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

Mailing Address (If different than home address.)	City	State	Zip Code

County of Residence	Previous Name (If applicable)
Robeson	

Voter Registration No.	Phone (optional)	Email (optional)
Optional	910-522-1857	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
275 Lacy Rd.	Maxton	NC	28364

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☑ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Voter (voter only)

[redacted]

Signature of Near Relative/Guardian (if applicable)

X Nancy C. McGirt 9/28/2018
Date

[redacted]CSBE.gov to check your voter registration[redacted] absentee voting status.

[redacted]RSE FOR ADDITIONAL INFORMATION

State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe @ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All *(Election Type (Primary, General, Municipal, Special, etc.))* **on** _____ *(Election Date)*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Handy	Celeste	Ann	

Home Address (NC Residential Address.)	City	State	Zip Code
8922 NC Hwy 72	Pembroke	NC	28372

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence: Robeson

Previous Name (if applicable):

Voter Registration No.:

Phone (optional):

Email (optional): blueskiesd b@yahoo.com

[redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
8922 NC Hwy 72	Pembroke	NC	28372

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

NC STATE BOARD OF ELECTIONS & ETHICS
OCT 12 2018

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/12/18 X _____

Date Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

State Absentee Ballot Request Form
North Carolina

TO: Robeson County Board of Elections
PO Box 2159
Lumberton, NC 28359

PHONE: 910-671-3080 FAX: 910-671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special,*) on 11-6-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
Mitchell	Jessica	Lange	[redacted]

Home Address (NC Residential Address.)	City	State	Zip Code
706 S. Willow St	Lumberton	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

If "No," indicate the date of your move: ___/___/___

County of Residence: Robeson

Previous Name (if applicable):

You must provide at least one identification number below. (or see instructions)

NC License or ID Number:

SSN: X X X - X X - [redacted]

Voter Registration No.:

Phone (optional):

Email (optional):

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/ Guardian (if applicable)

8-7-18 Date X _____ Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

State Absentee Ballot Request Form

North Carolina
ROBESON COUNTY

TO: ROBESON COUNTY BOARD OF ELECTIONS
PO BOX 2159
LUMBERTON, NC 28359

(910) 671-3080 (910) 671-3089
ROBESON.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION *Election Type (Primary, General, Municipal, Special, etc.)* **on** 05/08/2018 *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suf
SINCLAIR	GARY		

Home Address (NC Residential Address.)	City	State	Zip Code
1452 PLEASANT MEADOW RD	LUMBERTON	NC	28358

Mailing Address (If different than home address.)	City	State	Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence	Previous Name (if applicable)
ROBESON	

Voter Registration No.	Phone (optional)	Email (optional)
000000501566		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Freddie Sinclair

☐ spouse ☑ brother /sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address	Name of Corporation (If appointed legal guardian)		
1452 Pleasant Meadow Rd			

City	State	Zip Code	Requestor's Phone	Requestor's Email
Lumberton	NC	28358	738-7482	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date (X) Freddie Sinclair Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: _____ *Election Type (Primary, General, Municipal, Special, etc.)* **on** _____ *Election Date*.

Voter Information

Last Name	First Name	Middle Name	Suffix
Parks	Elsie		

Home Address (NC Residential Address.)	City	State	Zip Code
400 Muk Drive Apt 418	Lumberton	NC	28358

Mailing Address (If different than home address.)

City	State	Zip Code

Have you lived at this address for more than 30 days? ☑ Yes ☐ No

County of Residence | **Previous Name** (if applicable)

[redacted]

Voter Registration No. Optional | **Phone** (optional) | **Email** (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) | **City** | **State** | **Zip Code**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☑ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address | **Name of Corporation** (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Guardian (if applicable)

10/17/18 X Elsie Parks _____
Date Date

[redacted]

SBE.gov to check your voter registration or absentee voting status.

HIGHLIGHTED SECTIONS REQUIRED (others complete where applicable)

[redacted]

Mecklenburg County Board of Elections
PO Box 31788
Charlotte, NC 28231

PHONE: 704-336-2133 FAX: 704-319-9722
absentee@mecklenburgcountync.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General (*Election Type (Primary, General, Municipal, Special, etc.)*) on 11-06-18 (*Election Date*).

Voter Information

Last Name	First Name	Middle Name	Suffix
GALTON	ISAAC	JOEL	

Home Address (NC Residential Address.)	City	State	Zip Code
408 Edens St.	LUMBERTON	NC	28358

Mailing Address (If different than home address.) — City — State — Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☑ No

County of Residence

Previous Name (if applicable)

[redacted]

Voter Registration No. (optional) | Phone (optional) 828 284 2784 | Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above — City — State — Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference .

☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) (Middle) (Last) (Suffix)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address — Name of Corporation (If appointed legal guardian)

City — State — Zip Code — Requestor's Phone — Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

[redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 (Date) X _____ (Date)

[redacted]E.gov to check your voter registration or absentee voting status.